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ABSTRACT

The notebook is divided into 17 modules which provide a curriculum for training protective services staff. The contents represent, almost exclusively, a reassessment and application of already existing material in the field. The following modules are included: "Historical Perspective on the Maltreatment of Children", "Value Orientation", "The Rights of Children and Parents", "Case Management for Children's Protective Services: A Format for Training", "The Development of the Child", "Physical Neglect and Abuse", "Sexual Abuse", "Child Abuse and Neglect Reporting Laws-A Reference Handbook", "Intake and Initial Contact", "Working with Natural Parents", "Treatment Modalities-Crisis Intervention-Reality Therapy-Transactional Analysis", "The Use and Misuse of Foster Care", "Supervision", "Linkages: Child Protective Services-Law Enforcement-the Juvenile Court", "Mobilization of Community Resources", "Programs and Developments in Child Protective Services", and "Developing Parents Anonymous". (PHR)

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CHILD ABUSE AND NEGLECT

A Curriculum for Training Protective Services Staff

Developed by

Regional Institute of Social Welfare Research, Inc.

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CHILD ABUSE AND NEGLECT

A Curriculum for Training Protective Services Staff

Curriculum Outline

Preface	
Module I	Historical Perspective on the Maltreatment of Children
Module II	Value Orientation
Module III	The Rights of Children and Parents
Module IV	Case Management for Children's Protective Services: A Format for Training
Module V	The Development of the Child
Module VI	Physical Neglect and Abuse
Module VII	Sexual Abuse
Module VIII	Child Abuse and Neglect Reporting Laws . A Reference Handbook
Module IX	Intake and Initial Contact
Module X	Working with Natural Parents
Module XI	Treatment Modalities . Crisis Intervention . Reality Therapy . Transactional Analysis
Module XII	The Use and Misuse of Foster Care
Module XIII	Supervision
Module XIV	Linkages: Child Protective Services-Law Enforcement-the Juvenile Court
Module XV	Mobilization of Community Resources
Module XVI	Programs and Developments in Child Protective Services
Module XVII	Developing Parents Anonymous

PREFACE

This Curriculum is the result of two major factors. First, it brings together the various components used by Institute staff in earlier training efforts. Second, the Planning Committee of the Region IV Child Abuse and Neglect Resource Center indicated a need for a curriculum that could be used for new protective services workers.

The Curriculum is modular in format. As such, with minor adjustments, each module can stand alone. However, the governing concept is for a Curriculum that links modules together on the basis of activities and functions that are common to children's protective services. Consequently, insofar as it accounts for the process of case actions, decision-making and other events that are typical of protective services, the case management module represents the organizational rationale for the curriculum.

There is one main reason for this approach: Our review of research and other literature in the field, along with our collective experience, indicates that much emphasis is given to the subject of abuse and neglect--its nature and etiology, treatment, prevention, etc.--but little attention is given to how the gap between the need for service and its provision is bridged. By organizing the training content around the basic processes of the case management model, an awareness for the necessity of method and management can be made part of the training process.

In this way, a deliberate commitment can be made in the instructional process to establishing a uniform processing and agency-community basis for defining roles and for making the judgments that are vital to aiding families and protecting children. The assumption that services cannot be effectively provided independent of such a uniform process underlies this approach.

With a few exceptions very little in the Curriculum is new. The idea was not to "re-invent the wheel" but to encourage the assessment and application of what already exists. Every effort has been made to give credit when credit is due and to recognizing original sources and authorship. Any oversight in this regard is unintentional and regretted, and can be remedied.

In a somewhat related way, it must be said that compiling this Curriculum has been a rather self-conscious undertaking. There are so many theories and authority-based approaches to the problems of child abuse and neglect, and to protective services, that any curriculum that aspires to completeness risks being overwhelmed. Too, there is a scarcity of research, with the result that much of what is in any curriculum is value laden. For those reasons, this training curriculum does not pretend to be definitive, and may not even be representative in some respects. For these reasons, too, we urge that the modules included in this manual be used as first steps toward the use of the many other resources that are available.

A word on style: Some modules may be more explanatory and speculative, than definitive or didactic. Differences are accounted for by the number of contributors to the Curriculum, their perceptions of the problem related to abuse and neglect, and (obviously) their special intent for particular segments of the curriculum. Because of the collegial way in which the curriculum was developed some modules may overlap. To the extent that some duplications exist among some modules, the purpose is to give emphasis to a specific subject and to accommodate individual styles with a minimum of editing.

In the future, when changes or advances in our knowledge about child abuse and neglect and protective services are made, additions in the form of modifications or new modules will be added to the curriculum.

The Editor

MODULE I

Historical Perspective on the Maltreatment of Children

I. Introduction

A. Instructions to the Trainer

1. Preliminary Reading

   a. "Our Forebearers Made Childhood a Nightmare," Lloyd DeMause, Psychology Today, April, 1975, pp. 85-88.

   b. "A History of Child Abuse and Infanticide," Samuel X. Radbill, The Battered Child (R. Helfer and H. Kempe, eds). Chicago: University of Chicago Press, 1974, pp. 3-21.

2. The period of time required for this presentation is approximately 45 minutes.

3. The method of training is a lecture followed by an opportunity for questions from the group.

4. The size of the group may vary according to training needs.

B. Background

In order to place the current state-of-the-art of child abuse and neglect in its proper perspective, the past history of child maltreatment should be presented. The humane treatment of children in the overall history of mankind is a rather new concept and much behavior that would be currently called "child abuse and neglect" would have been considered normal in previous generations. Thus current patterns of abusive behavior may have a generational element, held over from the inadequate care of past generations.

II. Content

The history of the maltreatment of children has been a varied one and the humane treatment of children has been a relatively new idea. In past generations a wide variety of atrocities have been committed against children for a wide variety of reasons including: maintaining discipline, population control, education, superstition, and religious practice.

A. Infanticide

One of the earliest recorded forms of child maltreatment, infanticide, or the willful killing of a child (usually an infant) condoned by parents or society was perpetrated for at least five reasons (Radbill, 1974).

1. The inability of the parent to assume the parenting role because of severe poverty, illness, needs of older siblings, or many other reasons;
2. Population control when the methods of preventing conception were unavailable;
3. Illegitimacy and the dishonor and financial hardship involved;
4. Superstition, leading to the destruction of the imperfect or defective child or the ritual sacrifice of children to a deity; or
5. Cultural dictates leading to murder of female infants in preference to males or the destruction of one race in preference to another.

Based upon the "survival of the fittest" concept (ten Bensel and Turnquist, 1976), history records many examples of the manifestation of infanticidal practice. In ancient Greece, weak or deformed infants as identified by a council of elders were thrown from the top of Mount Tangetus into a deep canyon (Radbill, 1974). In several societies, notably Greek and Roman, the preference for male children was so extreme that few families allowed more than one female child to live. Infanticide became so prevelant that it prompted a 16th

Century priest to admit that "the latrines resound with cries of children who have been plunged into them" (DeMause, 1975).

Although, in recent times, infanticide has seldom been condoned by legal authorities, it has sometimes been informally permitted by the community. In addition, the methods used in infanticide have not changed to any great degree throughout history. Blood is rarely shed and the most common methods utilized are drowning, smothering, strangulation, burning, and beating (Radbill, 1974).

B. Abandonment

Historically, abandonment has occured for many of the same reasons as infanticide. The result of the act was somewhat more humane, however. The abandoned child often died, but he was given a fighting chance. Over the years, abandonment has included leaving children in the woods to be devoured by animals, the outright selling of children, and the giving of children to be raised by foundling homes and persons in the community.

Although foundling institutions for the care of abandoned children were available in Europe from 787 A.D., they were not available in the United States until the 19th Century. The care of abandoned children before that time was handled in a very informal fashion, usually through individuals in the community or the church. In addition, babies were also frequently taken to almshouses. This practice indirectly lead to the development of the first children's hospital, the Nursery and Children's Hospital of New York City in 1834. This institution was begun to provide care for children of wet nurses who neglected their own children while they were being paid to care for children in almshouses and private homes.

C. Swaddling

Swaddling or the process of binding infants in a cloth bandage-like wrapping to restrict the child's movement was very common in most cultures until recent history. Reasons for swaddling included (ten Bensel and Turnquist, 1976):

1. Easier care of the infant;

2. Protection of the infant;

3. Prevention of heat loss (especially prematures); and

4. Magical or superstitious thinking. "If it were free it would scratch its eyes out, break its legs, distort its bones, be terrified at the sight of its own limbs and even crawl about on all fours like an animal."

Not only did swaddling inhibit much early learning and tactual exploration in the infant, but the skin rashes that resulted sometimes occupied the child's whole body. It was a rare child that had his swaddling clothes changed more than once a day. As one American doctor of the time described it (DeMause, 1975), swaddling "consists in entirely depriving the child of the use of its limbs by enveloping them in an endless bandage, so as to not unaptly resemble billets of wood, and by which the skin is sometimes excoriated, the flesh compressed, almost to gangrene...."

D. Discipline-Spoiling the Rod

The use of physical abuse to discipline children is perhaps the most direct and influential practice from antiquity that remains incorporated in parenting practices today. Physical punishment has ranged from whippings to torture and death and has permeated all segments of society that interact with children. One German schoolmaster who kept score on the type of punishment he dispensed indicated that during his career he had administered "911,527 strokes with a stick, 124,000 lashes with a whip, 136,715 slaps with his hand, and 1,115,800 boxes on the ear" (DeMause, 1975). A 13th Century proverb summarizes the attitude of the day, "If one beats a child until it bleeds, then it will remember, but if one beats a child to death, the law applies" (ten Bensel and Turnquist, 1976).

Today, even though research findings clearly show that physical punishment is a rather ineffective method of child guidance, the key issue of societal concern is one of the severity of the injury. If permanent physical damage is done to the child through physical punishment, most "authorities" would agree that the punishment is excessive. When the physical damage is less severe, however, society's role is much less clear even though the psychological damage brought about by ineffective parenting may be considerable.

E. Sexual Use of Children

The sexual abuse of children was much more common in antiquity than at the present. In the Roman and Greek cultures, the homosexual use of children was a fairly common occurrence. In addition, brothels occupied by both young girls and boys were fairly common. Under the influence of Christian doctrine, however, the attitude toward children's sexuality was rapidly reversed. Any expression of sexuality on the part of the child was quickly and sometimes brutally punished. By the 19th Century, "parents and doctors began waging a frenzied campaign against childhood masturbation, threatening to cut off the child's genitals, performing circumcisions and clitoridectomy without anesthesia as punishment, making children wear spiked cages and other restraints, and opening anti-masturbation sanatoria all over Europe (DeMause, 1975).

Although current attitudes toward children's sexuality has become somewhat more progressive, the sexual abuse of children continues to be a serious problem. (Refer to module on Sexual Abuse.)

F. Legal Aspects: The Child as Property of the Parent

One of the major deterents to societal intervention into the maltreatment of children has been the widely held notion that the child was the property of the parent and could be treated as the parent saw fit. A statement by Aristotle exemplifies a common feeling throughout history towards the rights of children: "The justice of a master or a father is a different thing from that of a citizen, for a son or slave is property, and there can be no injustice to one's own property" (ten Bensel and Turnquist, 1976).

Although private agencies which advocated the rights of children to fair treatment had been present since early colonial times, they were largely unaided in their work by protective service statutes. A major landmark case in the rights of children to protective treatment occurred in New York in 1874 when a church worker learned that a child named Mary Ellen had been beaten and malnourished by her adoptive parents. Turning to the police and the district attorney's office for aid, the church worker found that there were no statutes within the law that protected children from maltreatment. Not knowing anyone else to contact, the church worker located Henry Bergh, a member of the Society for the Prevention of Cruelty to Animals. The SPCA brought court action on behalf of the child which resulted in the child's removal from the parents on the grounds that a child is a member of the animal kingdom and therefore entitled to the same protection as a "cur in the street."

Directly resulting from the Mary Ellen case, the Society for the Prevention of Cruelty to Children was established in New York in 1875, followed rapidly by the establishment of other Societies for the Prevention of Cruelty to Children in other areas. In 1876, the American Humane Association was established with the protection of children as one of its primary goals. Private agencies like these in cooperation with public agencies and lawmakers have formed the roots of what is currently called protective services for children.

MODULE II

Value Orientation

I. Introduction

This module is designed as an introductory session. The training techniques used in this module encourage the trainees to examine some of their personal values regarding abuse and neglect. Various social and cultural values relating to abuse and neglect are also explored.

The module is designed for completion in one hour. Training procedures include a structured exercise and a video-tape. As an alternative, the video-tape content can be delivered in a lecture.

A. Procedure

1. Value Choice Exercise--Trainees, groups of twenty or more, meet in an open room, chairs and tables moved out of the way. The trainer places large cards on the walls around the room. The cards read as follows: Strongly agree, agree, undecided, disagree, and strongly disagree.

   The trainees are instructed to walk to the card which reflects their reaction to a list of statements read by the trainer. The trainees walk to the card of their choice after each statement is read to the group. The statements are intended to indicate various values or opinions held by the trainees. The following are examples of statements which could be used in this exercise:

   a. Parents who abuse their children were likely abused when they were children.

   b. An abused child should always be removed from the home.

   c. Neglect cases are more difficult to deal with than physical abuse.

d. A man who batters his wife will also abuse his children.

e. Women are the most frequent physical abusers of children.

f. Emotional abuse or neglect is the most serious kind of abuse or neglect.

g. Sexual abusers should be sent to prison.

h. Abuse and neglect become less important as the child gets older.

i. Many of our institutions which care for children are guilty of abuse and neglect.

The list of statements can be expanded or tailored to the needs of a specific audience of trainees. The exercise gives indicators to the trainers as to prevelant opinions and values held by the trainees.

The exercise should be followed by a short discussion of the statements and a question and answer period.

2. Cultural Aspects of Abuse--In this section, the trainees are shown a video tape* which covers social, cultural and psychological factors of the etiology of physical and emotional abuse. The presenters in the video-tape are Dr. David Gil, Professor, Florence Heller School, Brandeis University, and Ms. Bess Davoren, Contributor to The Battered Child.

II. Video-Tape Contents

Narrator--Child abuse is a growing problem in America today. Estimates range anywhere from 200,000 cases of abuse a year to the figure of 400,000 cases, and the number of reports of cases has increased over the last decade. It is becoming increasingly apparent that ours is a society that tolerates violence in many forms, even violence inflicted upon our own children.

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*See note at end of module.

The extent to which this form of violence leaves permanent scars, both physical and emotional scars, on our young and encourages them to also commit acts of violence as adults is something that we are only now coming to terms with. It is no accident, psychologists tell us, that many parents who are abusive were themselves abused as children.

When does discipline become abuse? What are some of the causes of abuse? In the next thirty minutes, we'll examine more closely the incidence and etiology of child abuse in America. We'll look at a statistical profile of the abused child, and we'll talk to experts in the field--sociologist David Gil from Brandeis University and social worker Bess Davoren--and hear their views on child abuse in our society.

What are the characteristics of the abused child? If we were to construct a picture of the child, what would it look like? Taking statistics from Dr. Gil's book, Violence Against Children, as our data base, we find that one-third of all reported and actually abused children are under the age of three. That is, of course, the preverbal age when a child can't defend himself, and the most severely injured children are in this age group.

Overall, looking at this chart, we see that 20 percent of abuse occurs between the ages of three and six, the age when most children can run, hide, or talk back. Twenty-nine percent occurs between six and twelve. Twenty-two between twelve and eighteen years of age.

And what happens to those children who are abused? In the survey conducted by the American Humane Association, one out of every four abused children died from inflicted injuries, and of those whose injuries resulted in death, 81 percent were under the age of four.

The other consequences of abuse to children are equally disturbing. According to two other investigators, Elizabeth Elmer and Grace Gregg, 88 percent of all abuse cases result in physical defects, mental retardation or emotional disorders. It is clear that when abused children grow up and become adults, they will enter a society unprepared and often with serious physical and emotional handicaps.

Abuse often leads to further abuse. One study published in the American Journal of Psychiatry determined that 33 percent of the children who were abused were abused again.

Drs. Kempe and Helfer say, "We know that many children die. We now see that even larger numbers of children will be retarded, brain damaged, undernourished, and emotionally crippled. The question is, for what are we saving these children?"

Is child abuse on the rise? Have the number of cases increased substantially in recent years? We don't know for sure, but the number of reported incidents of child abuse has increased dramatically. In one state--Maryland--the increase over a five-year period, from 1967 to 1972, was 240 percent. In Minneapolis, the increase in that same period was a staggering 526 percent.

How do we technically define an abused child? What does the battered child syndrome involve? Here we can see, looking at this chart, that in 7.2 percent of the cases the battered child syndrome involves recurring injuries inflicted through repeated and sometimes devastating beatings.

In 10.8 percent of cases, it involves severe physical abuse, usually a one-time occurrence, in which a beating results in lacerations and fractures.

In the large majority of cases, 79.1 percent, the physical abuse is moderate. There are no fractures, just bruises on the face and body. These beatings usually occur more than once as a result of severe, uncontrolled discipline methods.

Finally, abuse resulting in death from unexplained injuries comprises 2.9 percent.

In this next section, we want to explore some of the causes of child abuse. Obviously, the causes are very complicated. They have to do with how we see ourselves and what we learn from society. We each live with problems and stresses that may provoke us at some point into violent action. But why? Is it some vestige of our primitive behavior? Does our society promote violence, even when that violence is directed at children we are supposed to love? Do we support, unwittingly, cultural values and mores that reinforce our tendency to abuse and neglect our children?

These proverbs behind me reflect some of our basic attitudes towards children and ourselves:

"A man's home is his castle," "Spare the rod and spoil the child," "Be it ever so humble, there's no place like home." Dr. C. H. Kempe, an authority in the field, maintains that our culture promotes isolation, independence, the use of force to mold and subdue our offspring. He sees these proverbs as reflecting our obsession with the child as an extension of our property, and as such, we as parents believe we have the right to rule over it. We have rights our child does not have. "Spare the rod" reflects the belief that by not using physical force we may damage, educationally, the child. These beliefs are very deep-seated, and obviously contribute to an atmosphere which allows violence to flourish under the guise of discipline.

Beyond that, let us now talk to Dr. David Gil, a sociologist from Brandeis, about his views of child abuse in the context of our society as a whole. Dr. Gil is the author of the book, Violence Against Children, and has testified before congressional committees in Washington on the subject.

Dr. Gil, how do you define abuse?

Dr. Gil--Physical abuse of child is the intentional, non-accidental use of physical force, or intentional, non-accidental acts of omission, on the part of a parent or other caretaker interacting with a child, aimed at hurting, injuring, or destroying that child.

Narrator--Does abuse happen by chance or when do we define it as intentional?

Dr. Gil--...It should be noted that the presence of intentional elements in the behavior of perpetrators does not imply complete absence of chance elements. On the contrary, many incidents of child abuse may involve a mix of intentional and chance elements and, at times, it may be impossible to determine the exact role played in a given incident by chance and that played by intentional behavior. An added difficulty is the fact that behavior which appears to be accidental may be determined in part by unconsciously intentional elements.

Narrator--Now, Dr. Gil, you have said in your book that there is a difference between the rules we have about violence against adults versus violence against children. Would you explain what you mean by that?

Dr. Gil--When an adult person uses physical force in interaction with another adult person in order to hurt, injure, or destroy him, such behavior is considered simply as an assault, battery, murder, etc., and human societies.

Narrator--What rights do adults have versus the rights of children in our society?

Dr. Gil--While with the passage of time society's interest in and protection of the needs and rights of children have made considerable progress and individual and societal physical violence against children decreased, such violence still constitutes a widely sanctioned phenomenon in American society at the present stage of its cultural development. That this is indeed still the case is reflected in formally codified sanctions such as the discretional right of teachers in many states to administer corporal punishment to children. It is also reflected in cultural values, traditions, and customs, and in actual child-rearing practices throughout the United States, all of which uphold discretional right of parents and other caretakers of children to use a "reasonable amount of physical force" in disciplining children. It is finally reflected in the conflicting and ambiguious attitudes, interpretations and actions of professionals and agencies in the fields of health, education, welfare, religion, and law enforcement when dealing with issues and problems in the relationship between parents and children, and more specifically in the just-mentioned difficulties concerning the conceptual definition of physical abuse of children and appropriate ways of dealing with it.

Narrator--Some people have said that the physical abuse of children is simply an extreme version of the cultural norm. Do you agree?

Dr. Gil--The manner in which individual personality disorders are expressed and the content of neurotic and psychotic fantasies and symptoms in any given society, tend to be influenced by the sociocultural context in which they develop. Such disorders, fantasies, and symptoms tend to be extreme manifestations of attitudes and behaviors which, at a less extreme level, constitute a normal element of the culture and are sanctioned by it. In other words, what a society considers sick and deviant in human behavior is not necessarily qualitatively different from what it considers healthy and normal. The difference may be only quantitative.

Narrator--Dr. Gil, you point out that the abuser is not necessarily neurotic or psychotic but simply someone who occasionally steps over the bounds of what is acceptable. Would you comment on this?

Dr. Gil--The phenomenon of physical abuse of children can, therefore, be conceived to range over a wide spectrum. At one end are incidents involving neither personality deviance nor environmental stress. The perpetrators in these incidents are normal individuals who are acting in a manner approved by their culture while disciplining children in their care. The undesirable outcome of their actions may be due to chance factors, but the dynamic source underlying their behavior is a culturally determined attitude. On the other extreme end of the spectrum are incidents involving individuals who suffer from various types of personality disorders and whose abusive attacks on children in their care are triggered by these disorders in various combinations with environmental stress factors. In these cases, too, however, culturally determined attitudes concerning child-rearing are likely to be elements in the etiology of personality disorders, since symptoms of such disorders tend to be exaggerated manifestations of culturally approved behavior. Between these extremes of the spectrum, cases can be conceived of as ordered along a continuum of ascending personality deviance and environmental stress superimposed throughout on culturally determined attitudes. This model shows that a psychodynamic interpretation of physical abuse of children explains only an extreme segment of a much wider culturally determined spectrum. These extreme cases can also be viewed as psychologically determined derivations from a culturally determined normal range of violence against children.

Narrator--You also state, Dr. Gil, that physical violence is more acceptable in some sub-cultures. Would you explain what you mean?

Dr. Gil--The poor and members of ethnic minorities are subject to the same conditions that may cause abusive behavior toward children in all other groups of the population. In addition, however, these people must experience the special environmental stresses and strains associated with socio-economic deprivation and discrimination. Moreover, they have fewer alternatives and escapes than the nonpoor for dealing with aggressive impulses toward their children. Finally, there is an additional factor, the tendency toward more direct, less inhibited, expression and discharge of aggressive impulses, a tendency learned apparently through lower-class and ghetto socialization which differ in this respect from middle-class mores and socialization.

Narrator--Thank you, Dr. Gil.

(Gil also pointed out, that physical violence is more acceptable in some sub-cultures. The modes for acting out frustrations, fears, the effects of crises vary depending upon the mores of a particular sub-culture. Verbal abuse, which is as devastating and its effects as long-lived, is a preferred form of violence for some groups while physical abuse predominates in others. The modalities for lashing out at a child are culturally determined.)

Narrator--In 1960, Dr. C. Henry Kempe coined the term, the Battered Child Syndrome, and provoked a public outcry with his statistics of the high incidence of child abuse in America. Since then, a great deal has been written on the subject, notably on personal psychodynamics, parent-child relationships, and on environmental stress factors.

Bess Davoren is a California social worker who has conducted a survey of child abuse in California and contributed to The Battered Child, a major treatise on child abuse and neglect.

Ms. Davoren, much research in the field has noted that a large proportion of abusive parents--between 30 and 60 percent of the population--were themselves abused as children. Is physical and emotional violence a learned method of child-rearing?

Davoren--Abuse appears to be a generational phenomenon. Much of the research has noted that a large proportion of abusive parents were themselves abused as children--as much as 30 to 60 percent of this population. Physical and emotional violence is a learned method of child-rearing. It becomes deeply ingrained in the individual. Consciencious rejection of such methods of handling children disappears in times of crisis. Parents undergoing severe stress "forget" their stern resolutions not to treat their children as their parents treated them. The methods they learned as children for dealing with crisis surface, and they in turn lash out with the same, old, familiar formula as the solution.

Narrator--Is it true that many abusive parents are cut-off and isolated from family, friends and neighbors?

Davoren--Abuse and rejection is a way of life for these parents. They expect abuse and rejection from everyone they meet. Socializing is burdensome. Their expectations make them want to avoid social situations or interpret them in a way that makes them feel that they're inadequate. These parents usually have very few friends or even relationships outside of the nuclear family, that could provide support, nurturance or validation for them. They are frequently isolated from their own families and neighbors. They have very low self-esteem and extreme dependency needs. They punish themselves for not being independent and self-sufficient, as we are supposed to be in our society. Above all, they fear that that their existence is superfluous even to those they love and wish to be close to.

Narrator--Many of the available statistics report a large preponderance of young marriages, premarital conceptions, and forced marriages among abusive families. Why is this so?

Davoren--If this is true, it is understandable that young people who are not emotionally or psychologically ready, or who have not chosen the roles and responsibilities of parenthood experience greater stress in response to child-caring duties.

A high percentage of marital problems is also associated with the reported cases of child abuse. Communication between the parents seems to be poor. Their collective abilities to show love, share problems, nurture or show appreciation are inadequate either inherently or temporarily due to crisis. They appear to be very dependent, withdrawn, and isolated people.

Narrator--It is reported that only one parent abuses the child or children. Is that true?

Davoren--Only one parent is usually the active abuser. The other acts as a passive, silent observer. The abuser may act out the frustrations of both parents and the observer covers for him or her. It is very unusual for one parent to be unaware of abuse taking place.

Narrator--The abused child is usually a special child, the chosen scape-goat. Why?

Davoren--The abused child is usually a special child, the chosen scape-goat. Some theorists link this child to his or her birth number; the first or the last child appear most frequently in studies. Most frequently the specialness of the child is related to sex or personality and physical characteristics that make the child different, problematic, or remind the parent of someone they dislike, including themselves. They punish the child for the things they feel this disliked person should be punished for.

Narrator--I understand that some parents have unusually high expectations of their child and abuse him because he is not living up to those expectations. Can you explain?

Davoren--Associated dynamics are unusually high expectations of the child. They expect the child to be developmentally more progressive than is physically possible, e.g., they expect the child to be fully toilet-trained at 6 months or they expect the child to sleep through the night without waking at 3 months. In these cases, they punish the child for not learning quickly enough. They see him as being lazy, ornery, and act out of anger and frustration; or, out of fear that the child is retarded.

Narrator--Are these parents able to love and nurture their children?

Davoren--On an emotional level, these parents resent the child's dependence and are unwilling or unable to recognize and meet the child's needs. Most mothers and fathers, during the pregnancy, fantasize about the child--what sex the child will be, what he or she will look like, what the child will act like and what kind of relationship will exist. Few children, at birth, will totally fulfill their parents' fantasies and, depending upon what's going on in the parent's life, he/she can adapt to the reality of who the child is.

But, for some parents, their hope for love and acceptance from the child is devastated by the child's needs and helplessness. A conflict exists between meeting the child's demands and having their own needs fulfilled. Anger, frustration, and fear dominate their relationship to the child.

Narrator--Abusive parents are frequently defined as being of lower socio-economic origin. What is the relationship between environmental stress and abuse? Is it true that abuse occurs most frequently among lower socio-economic groups?

Davoren--Abusive parents are frequently defined as being of lower socio-economic origin. These statements reflect statistics from inner-city hospitals and welfare departments. Few reports are received from private physicians or private medical centers. Poverty is an obviously stressful state that compounds the personal life-styles and problems of parents with the potential to abuse. It may be the source of some of the environmental stress that precipitates abusive incidents. But, it is unsubstantiated that most abuse occurs among lower socio-economic groups.

Parents who abuse are usually operating under some external pressure that they feel they have no control over. The crisis is a precipitating factor. Essentially, the crisis simply stimulates a reaction to the underlying problems the parents are already experiencing. The crisis does not actually cause the abuse. Other factors in the parents' lives contribute to there being a short fuse. Obviously, all parents who experience stress do not abuse their kids.

Narrator--Finally, what is the child's role in terms of abuse? Do certain children bring on abuse from their parents?

Davoren--As presented previously, most times the child's only role is passive. He reminds the parent of someone they dislike, or he possesses a physical characteristic or a personality that the parent can't cope with. But, occasionally, there is a child who has some quality that magnetizes abuse. This child, because of something inherent or because of an early acquired trait, stimulates abusive feelings in everyone. Irvin D. Milowe discusses this child as one who will be beaten even in the best of foster homes where no other child has ever had physical force leveled against them. This child is a victim who perpetrates his own assault. He is a unique and unusual characterological being.

Narrator--What are the consequences of abuse? What generally happens to children who have been abused?

Davoren--Some of the common sequelae of abuse are as follows:

1. mental retardation
2. delayed physical development
3. schizophrenia
4. head-banging
5. failure-to-thrive
6. withdrawal, indifference to the mother
7. psycho-motor retardation
8. shallow relationships with adults
9. retaliatory toward parents.

Narrator--Thank you, Bess Davoren.

We have seen today some of the many facets of child abuse in America. It is a problem that won't go away, and its underlying causes go to the very root of our society. It is clear that we all have the potential to abuse. Child abuse scares us and it angers us--it never fails to provoke strong feelings. It touches on the heart of what we feel about our children and our own childhood. It is part of all of our lives. It is a problem that all of us share.

(This discussion was presented as part of the draft curriculum "We Can Help..." prepared for the National Center on Child Abuse and Neglect (OCD/OHD/DHEW). The discussion was not included in the final draft. Though the video-tape is not available, the content is very pertinent.)

MODULE III

The Rights of Children and Parents

This module is not in the same format as other modules in the curriculum. The content however lends itself to adaptation for training. The process for such would probably involve a lecture presentation on the theme of rights in relation to family-oriented materials. The content here is primarily based on legal interpretations. These interpretations can be supplemented with considerable material currently available on the issues of the rights of children and parents.

I. Introduction

The diversity of state law for the eight states in Region IV makes it impossible to compile in its entirety the subject matter of this paper. Therefore, out of necessity this is limited to constitutional rights and protections and, where applicable, will use Georgia law as a point of reference. Each user is encouraged to contact the Attorney General in his/her state for appropriate clarifications on applicable state law as it applies to particular fact situations. A partial reference list of state laws has been supplied with this part.

II. General Introduction

The beginning point for any discussion of this topic is to define terms. The word "right" is very nebulous and is not subject to a precise definition. However, as used here, the word "right" is to denominate laws that positively or negatively protect either children or parents or both. In addition, since this is a non-technical presentment, much that is stated herein will be expressed in layman's terms unless otherwise indicated. Any legal terms used will be explained by means of footnotes.

Prior to the last few hundred years, children, per se, had no rights. They were the chattel of their parents to be done with as the parents saw fit. For the most part, the father was the ultimate authority and even the mother was subject to the overriding commands of the father.

With the advent of "civilization," the state found it both expedient and necessary to intervene to protect children under certain circumstances. The theory upon which the state eventually based its authority to intervene is known as parens patriae. Translated, this term means the "father of his country." This power was used primarily to provide the king with the means for obtaining finances from wards left without parents and, eventually, to protect those children incapable of protecting themselves (e.g., mentally retarded children).

As the law exists today in this country, the present dichotomy rests between the right of parents to rear their children without state interference, on the one hand, and, on the other, for the state to protect children from abusing and neglecting parents. Implicit in this statement is the clear and unquestioned fact that the state must now demonstrate a need or necessity for interfering with the parental authority.

III. Constitutional Protection of the Home

Before proceeding with the specific rights of parents and the grounds under which the state intervenes, it is important at this point to set forth the protections given the family pursuant to constitutional decisions.

Without going into significant technical detail, suffice it to say that the familial environment has come within the protective eye of the Fourteenth Amendment. The Fourteenth Amendment provides the right to due process and equal protection for all those in which it encompasses. As it relates to the family situation, notice of hearings, the right to counsel and a right to be heard are guaranteed by the Fourteenth Amendment to parents whenever the State seeks to intervene in the family setting.

The case of Prince v. Massachusetts,[1] sets the beginning point wherein the Supreme Court of the United States said:

> "It is cardinal with us that the custody, care and nature of the child reside first in the parents, whose primary function and freedom include preparation for obligations the state can either supply nor hinder."[2]

This family relationship was also found protected in the case of Griswold v. Connecticut.[3] While Griswold deals with the rights of family members to take birth control pills, the court spoke of the protection given to the entire family relationship by the Constitution. As Justice Goldberg stated so elegantly:

> "Although the Constitution does not speak in so many words of the right of privacy in marriage, I cannot believe that it offers these fundamental rights no protection. The fact that no particular provision of the Constitution explicitly forbids the State from disrupting the traditional relation of the family--a relation

> as old and as fundamental as our entire civilization--surely does not show that the Government was meant to have the power to do so. Rather, as the Ninth Amendment expressly recognizes, there are fundamental personal rights such as this one, which are protected from the abridgement by the Government though not specifically mentioned in the Constitution."[4]

Stanley v. Illinois,[5] stands as the high water mark in case law development of protection of the family relationship. In dealing with the question of an illegitimate father's right to be heard before his parental rights are terminated, the court reviewed in depth the history of the family as protected by the law:

> "The private interest here, that of a man in the children he has sired and raised, undeniably warrants deference and, absent a countervailing interest protection. It is plain that the interest of a parent and the companionship, care, custody, and management of his or her children 'come[s] to this Court with a momentum for respect lacking when appeal is made to liberties which derive merely from shifting economic arguments.
>
> . . .
>
> The Court has frequently emphasized the importance of the family. The right to conceive and raise one's children has been deemed 'essential,' Meyer v. Nebraska, [Cite omitted], 'basic civil rights of man,' Skinner v. Oklahoma, [Cite omitted], and '[r]ights far more precious...than property rights,' May v. Anderson, [Cite omitted]."[6]

The state of the art at present, as demonstrated by the above cases, clearly indicates that the United States Supreme Court, in interpreting the Constitution of the United States, has found that the family relationship is protected from arbitrary state intervention. However, this does not mean that state intervention is completely denied.

> "...the family itself is not beyond regulation in the public interest...Acting to guard the general interest in youth's being, the state

> as parens patriae may restrict the parent's control by requiring school attendance, regulating or prohibiting the child's labor and in many other ways...It is sufficient to show ...that the state has a wide range of power for limiting parental freedom and authority in things affecting the child's welfare; and this includes, to some extent, matters of conscience...."[7]

IV. Grounds for State Intervention

If we think of the dichotomy between the state and the family as being on a balancing scale, we have surveyed one part of the scale (the familial privacy) and the protections that adhere to it. This portion, or the other side of the scale, deals with the standards upon which the state may intervene in the family relationship.

Clearly the state cannot intervene in a capricious or arbitrary manner. It is governed by the constitutional and state standards as promulgated by the various legislatures. It has already been mentioned that the basis for state intervention was the concept of parens patriae. This theory has been incorporated by statute in many states under the so called Juvenile Court Code Act. Georgia has such an Act which is similar to that found in other states. The parens patriae theory, as codified, in Georgia, is as follows:

> "This Code (Title 24A) shall be liberally construed to the end that children whose well-being is threatened shall be assisted and protected and restored, if possible, as secured law-abiding members of society; and that each child coming within the jurisdiction of the court shall receive, preferably in his own home, the care, guidance, and control that will conduce to his welfare in the best interests of the State, and that when he is removed from the control of his parents the court shall secure for him care as nearly as possible equivalent to that which they should have given him."[8]

The clear intent of the statute is to provide the child with a stable environment. So long as the conduct of the parents comes within the standards set forth in state laws, the state cannot and will not intervene.

It is only when the parents violate the standards promulgated by statute that the state will intervene. And even then, it will attempt to restore the child to the parents so that a meaningful parent-child relationship can develop within the home. The state does not intend to separate the child from his parents unless it is the only viable alternative for the protection of the child.

It is essential at this juncture to point out that the parens patriae theory is not equivalent to the "best interests" rule. The best interest rule is the so called guiding light which directs the courts in making its decisions regarding children. The theory upon which the state acts is parens patriae, but when it is exercising its power it does so in the best interests of the child. This point is made here because the best interest rule is so often confused with the authority upon which the state acts. The distinction is of a great significance, in that if there is no authority for the state to act (that is by state law or federal law), then the state is helpless to act in the best interest of the child.

Georgia law defines a deprived child as one "who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his physical, mental or emotional health, or morals."[9] It should be readily apparent that this definition is like a hollow shell. The internal parts or substance have yet to be supplied, which is the duty of the courts. In certain instances the appellate courts have found such definitions to be unconstitutional for vagueness. However, most state standards which use words of similar import have passed constitutional muster. The Juvenile Courts then have been handed the duty to determine whether the facts in each case warrant a finding of deprivation.

If a child is found to be deprived, after the appropriate proceedings are complied with, then the judge is permitted to make the type of disposition that he feels is essential for reestablishing the parent-child relationship within the family environment. If this is impossible, he may remove the child, with or without terminating the parental rights. If there is no chance of reestablishing the parent-child relationship and, further, the causes of the deprivation are likely to continue thus resulting in further harm to the child, then the court can terminate the parental rights.

The obvious loophole with these standards is the fact that the judges have to make comparisons of a subjective nature in the sense that they are evaluating each case based on their frame of reference. Inherent in a system such as the juvenile system is the fact that the judges are more often than not educated individuals who have had little or no contact with low economic groups or with abusing and neglecting parents. In addition note that the term deprivation or deprived child doesn't talk about abuse and neglect. These two terms are generic terms and are broader than the definition of deprived child as used by the courts. However, without trying to reconcile the last statement with logic, suffice it to say that an abused and/or neglected child would be a deprived child under the law.

V. Rights of Parents and Children

It is obvious that one fundamental right of both parents and children is the right to a family environment free from state intervention. Also obvious is the fact that children have a right to be free from abuse and neglect. In addition, the parents have many rights involving their children which fall outside the parameters of the juvenile code.

Some of these rights include the right (found in many common law states) of the parents to the earnings of their children as well as to their services and labor. A parent has a right to use reasonable discipline on his child and to expect his child to obey his lawful commands.

On the other extreme, the law imposes on many parents the duty to support and educate and maintain their children. Thus, in this sense of the word, these are "rights" of children. While some states do not permit children to sue for enforcement of these rights, nevertheless, many states permit actions which force parents to provide such things as "necessaries" and education. Many states have compulsory educational laws which impose a duty upon the parents to see to it that their children attend school during the mandatory ages. It is somewhat amusing to note that children have no duty to support their parents by law.

Returning a moment to the duties of the parent to provide support, Georgia law provides that a father is liable for necessaries for his minor children. These have been defined to include such items as food, education, shelter, medical and dental care, clothing, funeral and burial expenses and legal services. The standard for gauging necessaries is that used in other situations, such as divorce, but, in the final analysis, necessaries are determined on the basis of the facts in each case and thus are fact questions for the judge.

In a negative sense, the parent has a duty not to abandon his child, such abandonment being not only grounds for loss of parental rights but a criminal act as well.

VI. Parental Rights--Relinquishment and Termination

There are many ways in which parental control may be relinquished or lost. In many states, the parent may lose control by voluntary contract. This is most notable in the area of adoption. The reaching of the age of majority or marriage of the minor child will emanicipate the child from parental control.

The rights may be lost or terminated whenever the parent causes deprivation. This is a judicial termination of parental rights, as discussed above. If the parent is unfit then he or she or both may lose their parental right to control their child. This often occurs in custody or habeas corpus proceedings in which the court, after hearing all the evidence, determines one parent or the other is unfit to take care of the child and it is in the child's best interest that he or she be placed with the other parent or with a third person. These cases reflect loss of parental control rather than termination of parental rights. Only the Juvenile Court, at least in the State of Georgia, can terminate parental rights. However, courts of general jurisdiction (e.g., Superior Courts) can virtually exclude one parent from visiting the child based upon a finding of moral unfitness or other types of unfitness.

VII. The Rights of Children

When all is said and done, the truth of the matter is that children still have very few rights in this modern day and age. However, the rights that have been carved out for them are substantial. They do have a right to a stable environment and they do have a right to treatment whenever the court determines that they are deprived children. Recent cases have determined that children who are committed to mental health institutions must have counsel and notice of hearings to determine not only their commitment but the length of stay at such institutions. Many states are beginning to develop laws in which deprived children receive treatment so that they will no longer spend their lives in foster care homes. Still in other cases, the federal courts are expanding the rights of children, regardless of race, so that each and every child is deemed to have a right to a stable environment and that the least detrimental alternative is applicable in placing children who are available for adoption in appropriate homes.

In summary then, we can characterize the current state of the art as being one in which the child is protected, and that the rights of the parents have steadily been eroded away to the point that their behavior is now subject to state scrutiny and, if appropriate, state intervention.

Footnotes

1. 321 U.S. 158 (1944)
2. Id. at p. 166
3. 381 U.S. 379 (1965)
4. Id. at p. 495-96
5. 405 U.S. 645 (1972)
6. Id. at p. 651
7. Footnote 1, supra, p. 166-167
8. Acts 1971, pp. 709, 710. Ga. Code Ann. §24A-101
9. Ga. Code Ann. §24A-401(h)(1)

APPENDIX 1

Index of Statutory Sections Concerning Child Abuse for the Eight-State Southeastern Region

(This index may not be complete due to changes since it was originally compiled. It should serve as a guide and training should be developed with current statutes identified.)

I. Alabama

A. Juvenile Code

1. The Code of Alabama Recompiled, Vol. 4, Title 13, Courts, Chapter 7, Juvenile Courts, Sections 350 to 378, (1973 Cumulative Supplement).

B. Child Abuse

1. The Code of Alabama Recompiled, Vol. 7, Title 27, Infants, Chapter 4, Reporting of Incidents of Physical Abuse or Neglect of Children, Sections 21 to 25, (1973 Cumulative Supplement).

C. Child Neglect

1. The Code of Alabama Recompiled, Vol. 4, Title 13, Courts, Chapter 7, Juvenile Courts, Section 366, causing dependency, neglect or delinquency of children, (1973 Cumulative Supplement).

D. Guardianship

1. The Code of Alabama Recompiled, Vol. 6, Title 21, Guardian and Ward, Chapter 1, Appointment of Guardians of minors, (Section 4 as amended 1973 Cumulative Supplement).

E. Civil Commitment Proceedings for Juveniles

1. The Code of Alabama Recompiled, Vol. 4, Title 13, Courts, Chapter 7, Juvenile Courts, Section 361, Commitment of Children, (1973 Cumulative Supplement).

II. Florida

A. Juvenile Code

1. Florida Statutes Annotated, vol. 1A, Title 5, Judiciary Department, Chapter 39, Juveniles--Judicial Treatment, Sections 39.001 to 39.31, (West 1974 Cumulative Pocket Part).

B. Child Abuse

1. Florida Statutes Annotated, vol. 22A, Title 44, Crimes, Chapter 828, Cruelty to Children,..., Section 828.041, (West 1974 Cumulative Pocket Part).

2. Florida Statutes Annotated, vol. 14B, Title 28, Social Welfare, Chapter 409, Family Services, Section 409.145, Care of Children, (West 1974 Cumulative Pocket Part).

C. Child Neglect

1. Florida Statutes Annotated, vol. 1A, Title 5, Judiciary Department, Chapter 39, Juveniles--Judicial Treatment, Section 39.01(10), Dependent Child Defined, (West 1974 Cumulative Pocket Part).

2. Florida Statutes Annotated, vol. 22A, Title 44, Crimes, Chapter 828, Cruelty to Children,...., Section 828.042, Negligent Treatment of Children, (West 1974 Cumulative Pocket Part).

3. Florida Statutes Annotated, vol. 14B, Title 28, Social Welfare, Chapter 409, Family Services, Section 409.145, Care of Children, (West 1974 Cumulative Pocket Part).

D. Guardianship

1. Florida Statutes Annotated, vol. 5, Title 6, Civil Practice and Procedure, Chapter 63, Adoption, Section 63.052, Official guardians designated, (West 1974 Cumulative Pocket Part).

E. Civil Commitment Proceedings for Juveniles

1. Florida Statutes Annotated, vol. 1A, Title 5, Judiciary Department, Chapter 39, Juveniles--Judicial Treatment, Section 39.09, Disposition Hearing, (West 1974 Cumulative Pocket Part).

2. Florida Statutes Annotated, vol. 1A, Title 5, Judiciary Department, Chapter 39, Juveniles--Judicial Treatment, Section 39.11, Powers with reference to a dependent or delinquent child or child in need of supervision, (West 1974 Cumulative Pocket Part).

3. Florida Statutes Annotated, vol. 1A, Title 5, Judiciary Department, Chapter 39, Juveniles--Judicial Treatment, Section 39.14(3) The taking of an appeal shall not operate as a supersedeas in any case unless jursuant to an order of the court, except that a permanent order of commitment to a excensed child placing agency or division of family services of the department of health for subsequent adoption shall be suspended while this is pending, but the child shall continue in custody until the appeal is decided. (West 1974 Cumulative Pocket Part).

III. Georgia

A. Juvenile Code

1. *Georgia Code Annotated*, Title 24A, Courts, Juvenile (Juvenile Court Code of Georgia, (1974 Cumulative Pocket Part).

B. Child Abuse

1. *Georgia Code Annotated*, Title 74, Parent and Child, Section 74-111, Reports by physicians, treating personnel, institutions and others, (1974 Cumulative Pocket Part).

2. *Georgia Code Annotated*, Title 74, Parent and Child, Section 74-109, Cruel Treatment by Parents, (1974 Cumulative Pocket Part).

3. *Georgia Code Annotated*, Title 99 , Social Welfare, Section 99-211(b), Child Welfare Services...[T]he Division of Children & Youth will investigate complaints of neglect, abuse or abandonment of children...., (1974 Cumulative Pocket Part).

C. Child Neglect

1. *Georgia Code Annotated*, Title 74, Parent and Child, Section 74-110, Protection of Children being reared under circumstances of destitution and suffering, or abandonment (or) exposure...., (1974 Cumulative Pocket Part).

2. *Georgia Code Annotated*, Title 74, Parent and Child, Section 74-9902, Abandonment of Child, (1974 Cumulative Pocket Part).

D. Guardianship

1. Georgia Code Annotated, Title 24A, Courts, Juvenile, Section 24A-302, Appointment of guardian....,(1974 Cumulative Pocket Part).

2. *Georgia Code Annotated*, Title 49, Guardian and Ward, Sections 49-101 to 49-117, (1974 Cumulative Pocket Part).

3. *Georgia Code Annotated*, Title 74, Parent and Child, Section 74-109,...[a]ppointment of guardian by ordinary upon finding of cruel treatment by parents (1974 Cumulative Pocket part).

4. *Georgia Code Annotated*, Title 74, Parent and Child, Section 74-110, ...[a]ppointment of guardian by ordinary for protection of child...,(1974 Cumulative Pocket Part).

E. Civil Commitment Proceedings For Juveniles

1. *Georgia Code Annotated*, Title 74, Parent and Child, Section 74-110,...[If] necessary for the protection of such child... the ordinary may commit such child to any orphan asylum or other charitable institution...,(1974 Cumulative Pocket Part).

2. *Georgia Code Annotated*, Title 24A, Courts, Juvenile, Chapter 24A-23, Disposition, (1974 Cumulative Pocket Part).

3. Georgia Code Annotated, Title 24A Courts, Juvenile, Chapter 24A-27, Limitations of time on orders of Disposition, (1974 Cumulative Part).

IV. Kentucky

A. Juvenile Code

1. Kentucky Revised Statutes Annotated, vol. 4, Chapter 208, Juvenile Courts; Commitment and Care of Children, (Baldwin 1974 Cumulative Supplement).

B. Child Abuse

1. Kentucky Revised Statutes Annotated, vol. 4, Chapter 199, Child Welfare; Adoption, Section 199.335, Physicians to report injuries to children...(eff. 6-16-72), (Baldwin 1974 Cumulative Supplement).

C. Child Neglect

1. Kentucky Revised Statutes Annotated, vol. 4, Chapter 208, Juvenile Courts..., Section 208.020(1)(d) Jurisdiction of Juvenile Court; causing child to become delinquent, neglected, needy or dependent, (as amended 1974, eff. 6-21-74), (Baldwin 1974 Cumulative Supplement).

2. Kentucky Revised Statutes Annotated, vol. 6, Chapter 405, Parent and Child, Section 405-030, Neglect of Child under fourteen, (repealed, eff. 1-1-75), (Baldwin 1974 Cumulative Supplement).

3. Kentucky Revised Statutes Annotated, vol. 6, Chapter 405, Parent and Child, Section 405-040, Abandonment of Child under six, (repealed eff. 1-1-75), (Baldwin 1974 Cumulative Supplement).

D. Guardianship

1. Kentucky Revised Statutes Annotated, vol. 6, Chapter 387, Guardians..., Section 387-020, Jurisdiction of County Courts over Guardian, (Baldwin, eff. 6-13-68).

2. Kentucky Revised Statutes Annotated, vol. 6, Chapter 387, Guardians..., Section 387-025, application for appointment of guardian...(Baldwin, eff. 6-1-42).

3. Kentucky Revised Statutes Annotated, vol. 6, Chapter 387, Guardians..., Section 387-050, Nomination of guardian by minor fourteen years of age or older, (Baldwin eff. 6-1-42).

E. Civil Commitment Proceedings for Juveniles

1. Kentucky Revised Statutes Annotated, vol. 4, Chapter 208, Juvenile Courts..., Section 208-200, Probation or commitment of child convicted of public offense, (Baldwin, eff. 6-14-62).

2. Kentucky Revised Statutes Annotated, vol. 4, Chapter 208, Juvenile Courts..., Section 208-270, Commitment order and information to be furnished department, (Baldwin, eff. 2-27-56).

3. Kentucky Revised Statutes Annotated, vol. 4, Chapter 208, Juvenile Courts..., Section 208-430, Powers of Department during period of commitment, (as amended 1972, eff. 6-1-72), (Baldwin 1974 Cumulative Supplement).

V. Mississippi

A. Juvenile Code

1. Mississippi Code 1972 Annotated, vol. 11, Title 43, Public Welfare, Chapter 21, Youth Court, Sections 43-21-1 to 43-21-55, (1974 Cumulative Supplement.)

B. Child Abuse

1. Mississippi Code 1972 Annotated, vol. 11, Title 43, Public Welfare, Chapter 21, Youth Court, Section 43-21-11(d),...[a]ny licensed doctor of denistry, intern, resident, or registered nurse report by of battered child..., (1974 Cumulative Supplement).

2. Mississippi Code 1972 Annotated, vol. 11, Title 43, Public Welfare, Chapter 21, Youth Court Section 43-21-27(b)...[F]elonious battery of a child, (1974 Cumulative Supplement).

3. Mississippi Code 1972 Annotated, vol. 11, Title 43, Public Welfare, Chapter 17, Aid to Dependent Children, Section 43-17-7(i), State department's duty to report abuse of child, (eff. 7-30-68).

C. Child Neglect

1. Mississippi Code 1972 Annotated, vol. 11, Title 43, Public Welfare, Chapter 21, Youth Court, Section 43-21-27(a), Contributing to the neglect or delinquency of a child made a misdemeanor,...,(1974 Cumulative Supplement).

2. Mississippi Code 1972 Annotated, vol. 11, Title 43, Public Welfare, Chapter 17 aid to dependent children, Section 43-17-7(i), State department's duty to report neglect of child, (eff 7-30-68).

3. Mississippi Code 1972 Annotated, vol. 11, Title 43, Public Welfare, Chapter 17, aid to dependent children, Section 43-17-27, certification of facts as to desertion or neglect of persons receiving aid,..., (1974 Cumulative Supplement).

D. Guardianship

1. Mississippi Code 1972 Annotated, vol 20, Title 93, Domestic Relations, Chapter 13, Guardians..., Sections 93-13-1 to 93-13-79, Minors, (1974 Cumulative Supplement).

E. Civil Commitment Proceedings for Juveniles

1. Mississippi Code 1972 Annotated, vol. 11, Title 43, Public Welfare, Chapter 21, Youth Court, Section 43-21-17, Hearing-[Civil in Nature]-Legal Counsel, (1974 Cumulative Supplement).

2. Mississippi Code 1972 Annotated, vol. 11, Title 43, Public Welfare, Chapter 21, Youth Court, Section 43-21-19, Adjudication; placement; status of child;..., (1974 Cumulative Supplement).

3. Mississippi Code 1972 Annotated, vol. 11, Title 43, Public Welfare, Chapter 21, Youth Court, Section 43-21-51 Appeals,...[T]he pending of an appeal shall not suspend the order or decree of youth court regarding a child, nor shall it discharge the child from the custody of that court or of the person, institution or agency to whose care such child shall have been committed unless the youth court or supreme court shall so order..., (1974 Cumulative Supplement).

VI. North Carolina

A. Juvenile Code

1. The General Statutes Of North Carolina, Vol. 1B, Chapter 7A, Judicial Department, Article 23, Jurisdiction and Procedure applicable to children, Sections 7A-277 to 7A-289,(1974 Cumulative Supplement).

B. Child Abuse

1. The General Statutes of North Carolina, vol. 3A, Chapter 110, Child Welfare, Article 8, Child Abuse and Neglect, Sections 110-115 to 110-122, (1974 Cumulative Supplement).

2. The General Statutes of North Carolina, vol. 1B, Chapter 14, criminal Law, Section 14-318.2, Child Abuse a general misdemeanor, (as amended 1971, eff. 9-1-71), (1974 Cumulative Supplement).

C. Child Neglect

1. The General Statutes of North Carolina, vol. 1B, Chapter 14, Criminal Law, Section 14-316.1, contributing to delinquency and neglect by parents and others, (as amended 1971, eff. 9-1-71), (1974 Cumulative Supplement).

2. The General Statutes of North Carolina, vol. 1B, Chapter 7A, Judicial Department, article 23, Jurisdiction and procedure applicable to children, Section 7A-278(4),.... neglected child, (as amended 1973), (1974 Cumulative Supplement).

D. Guardianship

1. The General Statutes of North Carolina, vol. 1B, Chapter 7A, Judicial Department, Article 23, Jurisdiction and procedure applicable to children, Section 7A-286(7), appointment of guardian for child, (as amended 1973, eff. 7-1-74), (1974 Cumulative Supplement).

E. Civil Commitment Proceedings for Juveniles

1. The General Statutes of North Carolina, vol. 1B, Chapter 7A, Judicial Department, article 23, Jurisdiction and procedure applicable to children, Section 7A-285, Juvenile Hearings, (as amended 1969), (1974 Cumulative Supplement).

2. The General Statutes of North Carolina, vol. 1B, Chapter 7A, Judicial Department, article 23, Jurisdiction and procedure applicable to children, Section 7A, 286, Disposition, (as amended 1973, eff. 7-1-74), (1974 Cumulative Supplement).

VII. South Carolina

A. Juvenile Code

1. *Code of Laws of South Carolina 1962*, vol. 4, Title 15, Courts, Chapter 7, Juvenile and Domestic Relations Courts..., Article 4, Children's Court Division, Section 15-1171 to 15-1209, (1974 Cumulative Supplement).

B. Child Abuse

1. *Code of Laws of South Carolina 1962*, vol. 5, Title 20, Domestic Relations, Chapter 4, Care and Support, Article 1.1, Child Abuse, Sections 20-310 to 20-310.6, (1974 Cumulative Supplement).

2. *Code of Laws of South Carolina 1962*, vol. 7, Title 31, Guardian and Ward, Chapter 2.1, Abandoned or Abused Children and Termination of Parental Rights, Sections 31-60 to 31-65, (1974 Cumulative Supplement).

C. Child Neglect

1. *Code of Laws of South Carolina 1962*, vol. 4, Title 15, Courts, Chapter 6, Municipal Courts, Article 5, Neglected or Wayward Children in Cities of 20,000 to 50,000..., Sections 15-971 to 15-981, (1974 Cumulative Supplement).

2. *Code of Laws of South Carolina 1962*, vol. 4, Title 15, Courts, Chapter 7, Juvenile and Domestic Relations Courts..., Article 1, General Provisions, Section 15-1103(11), Neglected Child, (1960).

3. *Code of Laws of South Carolina 1962*, vol. 4, Title 15, Courts, Chapter 7, Juvenile and Domestic Relations Courts..., Article 4, Children's Court Division, Sections 15-1171 to 15-1172, (1974 Cumulative Supplement).

4. *Code of Laws of South Carolina 1962*, vol. 4, Title 15, Courts, Chapter 7, Juvenile and Domestic Relations Courts..., Article 4, Children's Gourt Division, Section 15-1184, making additional persons parties, (1961).

5. *Code of Laws of South Carolina 1962*, vol. 4, Title 15, Courts, Chapter 7, Juvenile and Domestic Relations Courts..., Article 4, Children's Court Division, Section 15-1196, Judgement when..neglect established, (1952).

6. *Code of Laws of South Carolina 1962*, vol. 14, Title 71, Welfare, Chapter 5, Destitute, Delinquent...Children, Sections 71-251 to 71-264, (1974 Cumulative Supplement).

7. *Code of Laws of South Carolina 1962*, vol. 5, Title 20, Domestic Relations, Chapter 4, Care and Support, Article 1, General Provisions, Section 20-302-5, Abandonment of Children, (1974 Cumulative Supplement).

D. Guardianship

1. Code of Laws of South Carolina 1962, vol. 7, Title 31 Guardian and Word, Chapter 1, General Provision, Section 31-1, Jurisdiction of Probate Judge to appoint guardians, (1974 Cumulative Supplement).

2. Code of Laws of South Carolina 1962, vol. 4, Title 15, Courts, Chapter 7, Juvenile and Domestic Relations Courts..., Article 4, Children's Court Division, Section 15-1171(3), Jurisdiction of Children's Court, (1974 Cumulative Supplement).

3. Code of Laws of South Carolina 1962, vol. 4, Title 15, Courts, Chapter 13, Children's Courts, Section 15-1420, appointment of guardian, (1952).

E. Civil Commitment Proceeding for Juveniles

1. Code of Laws of South Carolina 1962, vol. 4, Title 15, Courts, Chapter 7, Juvenile and Domestic Relations Courts..., Section 15-1196(3), The Court is competent to render judgement committing child to care and custody of an institution maintained by the State..., (1952).

2. Code of Laws of South Carolina 1962, vol. 11, Title 55, Prisons and other methods of corrections, Chapter 2, correction of Juveniles, Section 55-50.30, What Children may be committed..., (1974 Cumulative Supplement).

3. Code of Laws of South Carolina 1962, vol. 4, Title 15, Courts, Chapter 13, Children's Courts, Section 15-1405, Order of Court, (1952).

VIII. Tennessee

A. Juvenile Code

1. Tennessee Code Annotated, vol. 6, Title 37, Juveniles, Chapter 2, Juvenile Courts, Sections 37-201 to 37-259 (1974 Cumulative Supplement).

B. Child Abuse

1. Tennessee Code Annotated, vol. 6, Title 37, Juveniles, Chapter 12, Mandatory Child Abuse Reports, Sections 37-1201 to 37-1212 (1974 Cumulative Supplement).

2. Tennessee Code Annotated, vol. 7, Title 39, Criminal Offenses, Chapter 10 Children, Section 39-1019, Child Abuse and Neglect--Penality-Procedure, (as amended 1974,) (1974 Cumulative Supplement).

C. Child Neglect

1. Tennessee Code Annotated, vol. 6, Title 37, Juveniles, Chapter 1, Dependent and Delinquent Children--General Provision, Sections 37-101 to 37-108, (1974 Cumulative Supplement).

2. Tennessee Code Annotated, vol. 6, Title 37, Juveniles, Chapter 2 Juvenile Courts, Section 37-202(6), Dependent and Neglected Child Defined, (1974 Cumulative Supplement).

3. Tennessee Code Annoted, vol. 6, Title 37, Juveniles, Chapter 2, Juvenile Courts, Sections 37-228(b), (c), Investigations--Emergency Temporary Care--Holding Period--Dependent or Neglected Child, (1974 Cumulative Supplement).

D. Guardianship

1. Tennessee Code Annotated, vol. 6, Title 34, Guardianship..., Chapter 1, General Provisions, Sections 34-101 to 34-109, (1974 Cumulative Supplement).

2. Tennessee Code Annotated, vol. 6, Title 34, Guardianship..., Chapter 2, appointment of Guardians, Sections 34-201 to 34-216, (1974 Cumulative Supplement).

E. Civil Commitment Proceedings for Juveniles

1. Tennessee Code Annotated, vol. 6, Title 37, Juveniles, Chapter 2 Juvenile Courts, Sections 37-229 to 37-230, Hearings--Findings--Disposition of Child (Dependent or Neglected), (1974 Cumulative Supplement).

2. Tennessee Code Annotated, vol. 6, Title 37, Juveniles, Chapter 2 Juvenile Courts, Section 37-236, Abandoned Child--Disposition, (1974 Cumulative Supplement).

3. Tennessee Code Annotated, vol 6, Title 37, Juveniles Chapter 3, Commitments to Tennessee Preparatory School, Sections 37-301 to 37-315, (1974 Cumulative Supplement). Note: Section 37-309, repealed 1967.

MODULE IV

Case Management for Children's Protective Services: A Format for Training

I. Introduction

A. Instructions to the Trainer

1. Preparing to Teach Case Management: The core content of Case Management for Children's Protective Services (CMCPS) is composed of (a) an explanation of the case management philosophy and approach, (b) a detailed outline of the process and (c) a series of diagrams describing each of the process requirements in terms of roles, methods and conditions. This content is presented in Section II.*

   A thorough acquaintance with this content is essential, of course, before moving on to the next step. It might be helpful to outline the main points made in Sections I/B and II and, possibly, to prepare acetates for overhead projection (or other visual aid) to support your presentation. Alternatively, a set of outline materials, suitable for transposing to acetates, is available from RISWR at cost.

   Case Management Manuals: A three-volume set of manuals on the Case Management Model represents the Institute's prototype statement on case management. As such, these manuals represent a basic reference for CMCPS. In order to reach a thorough understanding of case management, it is advisable that the trainer become familiar with volumes I and II, which account for the major premises and design of the model. Volume III is a Trainer's Guide keyed to training general service workers in case management. It might be a useful supplement to a CMCPS training design.

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*A separate CMCPS manual is available on request from RISWR at nominal cost.

Another RISWR publication documents some of the concerns that have lead to development of the model: Clara L. Johnson, Two Community Protective Service Systems: Nature and Effectiveness of Service Intervention (RISWR, 1977).

A variety of other studies and attempts at system design in the area of child protection might also be useful as resource backups. One document in particular seems to merit careful study: Child Abuse Intervention: A Prescriptive Package.* On the basis of conclusions drawn from detailed analyses of existing systems and CAN literature, the manual describes a model system from the standpoint of justice system personnel.

The trainer's staff development unit, or its equivalent, can no doubt make these materials available. Or the trainer can contact the RISWR Resource Center for assistance.

2. A Training Strategy:** There is probably no right way to "teach" case management or to implement the model. A number of options are open, including a train-the-trainers approach, with variations on moving from a single county demonstration/pilot basis to statewide implementation. A further variation is represented by training as a first step towards implementation, with the full backing of administrative

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*Arnold Schuchter, Center for Community Resource Development, Boston University, for the National Institute of Law Enforcement and Criminal Justice, Law Enforcement Assistance Administration, U.S. Department of Justice, December, 1976.

**On the general subject of implementation, and its implications for training, see The Case Management Model: Concept and Process Definition (Volume I), pp. 19-24.

authority. This compares to training that focuses on case management as merely a preferred method, with implementation left up to local or individual determination. Or the model CMCPS can be used simply as a basis for discussion or orientation.

With regard to setting up a training schedule, determining the proper staff level for beginning training is also uncertain. Similarly, opinions differ on the extent of practical and theoretical detail that ought to be included in training.

Obviously, a number of variables must be taken into account before an appropriate training strategy can be evolved.

Given this degree of variation and for purposes of this curriculum the following are arbitrarily assumed:

- It is assumed that this format is designed for use by State agency staff development/ training specialists. It is also assumed that the objective is to prepare a training cadre and that the training exercise is a first (indoctrination?) step in the direction of implementation, not implementation itself. The related assumption is that this initial training will be followed by other efforts until adequate basis for case management T/TA is reached.

- Regarding the application of the training exercise in a T/TA setting, no necessary distinctions need to be made as to staff types or level. General CPS caseworkers, specialized CPS workers and supervisors can be trained together, with the possibility that supervisors will have received a prior orientation, in which case they could assist in the training exercise.

- However, because the program interests and concerns of frontline workers and supervisors can be expected to differ, the theoretical underpinnings of case management can be treated generally for case workers, with a greater emphasis given over to day-to-day practicalities. Conversely, if it is desirable, the reasoning behind the case management process can be given greater weight for supervisory and management level personnel.

In summary, this module aims at two main objectives:

a. Prepare a training group for providing case management T/TA in children's protective services.

b. Provide CMCPS content that can be used (a) during initial training of the training group and (b) for subsequent implementation T/TA.

3. Points of Emphasis:* There are a number of points that must be understood at this preliminary stage (i.e., in preparing for the workshop), and which must be given emphasis during training:

- There are many case management concepts. The CMCPS version is based on a RISWR model that addresses the worker-client level of social services. This model is described from the point of view of social service line agency staff. However, its conception is one that emphasizes the involvement of other agencies and systems.

  For protective service staff the model can be a guide for case decision-making and case responsibility. CMCPS deals with the case decisions, procedures, and other requirements that a worker must meet. It also emphasizes the case management environment (typically one of uncertainty and dilemma) in which most CPS workers must function. And it relates the management of cases to other community and professional case participants.

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*For a detailed discussion of these points, see pages 12-17 of this section.

- As a model, the case management process represents what ought to be. That is, the five process requirements, along with their decision rules and the logic that connects them, are to be taken literally. In this prescriptive sense, the Case Management Model represents (a) a set of process standards against which current practices and procedures (or the lack thereof) can be measured and (b) an ideal which at best can only be approximated.

  CMCPS is made up of five (5) basic requirements.* The main idea for operationalizing the model is to meet its requirements on an individual case-by-case basis.

  The model (i.e., the process requirements) can be used analytically to identify problems of case coordination, decision-making, staff cooperation, and other factors that may widen the gap between requirements and actual practice. In this way the model can be used to establish process standards that will be needed for accountability purposes.

  Importantly, also, this approach tends to make training more realistic and effective by closing the link between the preconceptions of trainers and what is done and known on the job.

- At the same time, the model is designed to move beyond its theoretical makeup. The requirements and the logic that connects them must be adapted to reflect prevailing terminology, legal definitions, and practice, so long as violence is not done to the basic process.

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*CMCPS requirements are outlined on pp. 21ff.

- The model does not include the how-to and skill content that are basic to protective services. For instance, it requires the development and adoption of intake and case disposition indicators, but it does not provide them. Procedures for interface with the juvenile/family court system are required, but not explained. It is the responsibility of the implementing agency to develop indicators of abuse/neglect, to evolve decision rules and to meet other case management process requirements. Only in this way can the case management process--or any process for that matter--be made relevant.

- It should be noted that the case management process can be used as a format for organizing a training curriculum on specialized topics. That is, the sequence of presenting special topics can follow the case management outline.

- The case management process cannot be imposed. Rather, its implementation must itself be a gradual process, depending finally on agreement about its value and a commitment to its methods.

In theory, any social service agency or protective service unit or individual is capable of meeting case management process requirements. But as a practical matter, the fullest operation of case management can only occur when its requirements are met by all the individuals, organizations and systems that come to bear on individual cases.

4. Adapting and Using Case Management to Analyze State/Local Conditions

Once a working knowledge of the model and its requirements have been acquired, the trainer must prepare to show how the model can be adapted and used. This step is essentially one of determining the prospects and limits for employing a case management process in a

State's protective services system at the local agency level.

There are two aspects of CMCPS which the trainer should be prepared to deal with:

a. Using The Case Management Model Analytically: As mentioned in item 3 (above: "Points of Emphasis"), the model can be used as a basis for comparison. That is, the process requirements (i.e., decision rules, case action requirements, etc.) can be used to analyze existing protective services procedures and practices.

   For one thing, from both an agency and an individual case worker point of view, a process analysis of existing conditions can pinpoint procedural gaps, bottlenecks and other kinds of problems. In effect, the model poses a variety of questions, for example: Have intake procedures been established? Are they uniform? Do procedures allow for distinguishing between types of intake decisions? Are case participants identifiable? Have case disposition rules been established? Are diagnostic specialists deferred to as needed?

   In posing these kinds of questions, the model also raises issues of--if not, why not? What are the constraints against case coordination across agency lines?

   What accounts for apparent contradictions in policy? If the staff of other agencies fail to cooperate, why? Can anything be done about it? Etc.

   By way of supporting the presentation of this case management feature to the workshop, it is suggested that the trainer (a) be thoroughly acquainted with state policies and procedures (and to the extent possible, local implementations of those policies/procedures) and (b) prepare a list of questions about possible gaps between the model and the "real world" which can be used to stimulate discussion and to aid workshop participants in documenting their analysis.

b. Adapting Case Management to State/Local Conditions: It will be necessary to tailor the CMCPS process to fit state laws, legal definitions, agency policies and local practices. This means that each requirement must embody the legal, technical and other factors that condition what can or cannot be done on a case-by-case basis.

Preparation for presenting this part of case management requires full knowledge of applicable State law and policies, followed by necessary adjustments to the model.

Beginning with the first process requirement (i.e., Evaluation), and continuing step-by-step through the entire process, make the necessary adjustments in program language, legal terminology, etc. Also note any problems which state laws or agency policies might pose for a case management approach.*

Review the diagrams for the same reasons. Make necessary alterations, providing that the basic requirements of the process are retained.

This step (i.e., (a) and (b), above) accomplishes three vital things:

- Process requirements are modified to reflect prevailing state laws, legal definitions, etc.
- In effect, the trainer uses the model analytically, thereby helping to establish possible gaps between requirements and the realities of agency operations.

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*Refer to Section II/B. Process Requirements and Diagrams, pp. 20ff.

This serves as an initial statement of issues and possible dilemmas which must be dealt with during workshops and/or implementation training; and

- It helps in reconceptualizing the problem of children's protective services, and prepares a trainer or training cadre for relating to local agency perceptions of case management.

5. Teaching Case Management: The Workshop Agenda

The CMCPS training workshop is organized into two modules, as described below. The first module is made up of two sessions lasting approximately two hours each. The second module contains just one session, lasting a minimum of three hours.

Each module is outlined in terms of purpose, content and process.

Time estimates are anticipated minimums. Actual times will vary, of course, depending particularly on the level of detail and the extent of discussion.

Suggested workshop conditions:

- Given the subject matter, and in view of the premium on extended give-and-take between the presenter and trainees, attendance should not exceed 20.
- Copies of the CMCPS manual should be distributed to designated attendees at least one week prior to the meeting.

Suggested instruction aids:

- Case Simulations: As a way for bringing some case management ideas into a realistic focus, case histories can be developed. Whether case examples are to be used as training aids depends, of course, on individual trainer judgment and style.

- Awareness Questionnaire: Another way to stimulate discussion, and aid in making the model more relevant, is by way of a questionnaire. This questionnaire can consist of a series of items which get at what seem to be the main issues. Since the purpose of the instrument is not to actually collect data, but to aid in focusing group discussion, detail is not required.

- Case Management Tapes: A series of videotapes on Case Management are available from RISWR on request. These tapes feature a panel discussion of case management concepts and requirements. An index of the tapes is included in the Appendix.

Module I: Presentation of the Case Management Model for Children's Protective Services (CMCPS):

Purpose: To acquaint trainees with workshop objectives (i.e., general orientation, demonstration training, implementation training, etc.), and to present the rationale and implications of the Case Management Model. Additionally, this phase of the workshop should instruct trainees on modification of the model to take State law, legal definitions, etc. into account.

Content: Basic content includes the general philosophy, terminology and requirements of case management as explained in The Case Management Model, Volumes I and II. On this general basis the rationale and process requirements embodied in CMCPS can be described in detail. Of course, major emphasis is given to the CMCPS Process Requirement Outline and Diagrams. State law, administrative policies and other factors which condition model implementation are included.

Process:

- Session No. 1: Lecture on the case management concept, its background and its process requirements. Distinguish case management from other types and stress its general applicability to service programs. Support lecture with overhead projection (or some comparable visual aid) of process diagrams, beginning with the overview diagram and moving step-by-step through the process requirements.

Emphasize the main objectives of the model and discuss "Points of Emphasis" (item 3, above). Review case management terms and concepts.

➧ Estimated duration: 2 hours.

- Session No. 2: Lecture on the need for modifying the model to take State laws and policies into account. Describe the results, giving attention to any special legal, policy or organizational problems.

  Explain how the model can be used analytically to identify the gaps between "what-ought-to-be" and what "is." Illustrate this point by reciting previously prepared questions about existing case decision-making and action processes. As a preferred option, these questions can take the form of an Awareness Questionnaire. This questionnaire need not be detailed; rather, it should touch on some of the issues which in the trainer's opinion are salient. If it is used, distribute the questionnaire to the trainees/participants, with instructions that fit the workshop agenda.

  Prepare workshop participants for next session (i.e., "Application of the Case Management Concept") by a canvas of reactions regarding perceived gaps between what the model defines (i.e., the "ideal") and what practices and conditions currently prevail. Indicate this as a point of departure for the next module.

  ➧ Estimated duration: 1 1/2 to 2 hours.

Second Module: Application of the Case Management Process

Purpose: To aid workshop participants in applying case management concepts so that at the conclusion of the session they will be able to (a) identify protective services procedures, decision rules, and other aspects of case management that can be made uniform and adopted within and/or across agencies/program units and (b) locate problems and dilemmas which must be taken into account on an agency or case-by-case basis, and which explain why certain process requirements can't be met.

Content: In addition to case management requirements and diagrams, the content of this Module will include applicable State laws, policies, etc., and data generated from group participation. As an option, previously prepared case histories may be included.

Process:

- Begin this module with a brief review of the main points of the case management process. (As a practical matter, it might be necessary to carry over from the previous session.)

  Following this brief review (allowing for questions, requests for clarification, etc.), briefly recapitulate comments made at the previous session about the "gap" between the model and the "real world." As appropriate, refer workshop participants to their Awareness Questionnaires. Use this device as a means for relating the process requirements to trainee perceptions of what the problems are in their respective agencies/units. This exercise should lead into a more detailed analysis.

- Proceed step-by-step through the process requirements.* On a chalkboard or flip chart, list the State and/or local agency problems and issues which might affect each of the requirements. Classify these problems in terms of organizational, legal and other categories. Encourage participants to use process outlines as worksheets.

  If a flip chart tablet is used, tear off each sheet as it is completed and place it in full view of the workshop group. Use these charts as data references when bringing the workshop to a conclusion.

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*I.e., the outline of process requirements, beginning on page 21 and the process diagrams, Appendix A, pp. 38ff.

- Optional Conclusion: One of the most effective ways of demonstrating the case management process is by running through several hypothetical cases with the workshop group. As a conclusion to the workshop, case simulations can serve both as an illustration of case management in practice and as a casual "test" on workshop content.

  ➧ Estimated duration: 3 hours, excluding case simulation exercise. Add at least one-hour to the estimate if this option is used.

B. Background and Purpose of Case Management for Children's Protective Services (CMCPS)

As explained at the outset, CMCPS derives from a prototype Case Management Model developed by the Institute. Consequently, these models share the same philosophies and concepts. In part, they represent a reaction to top-down designs that are usually costly and far-fetched. Both models aim at pulling together what already exists, and pinpointing that which does not. They do not involve anything radically new or untried. They also have in common a concern for going beyond theory and general application to the processes and events which occupy local staff.

As explained in Volume I of the Case Management Model (RISWR, 1977), "case management results from lessons learned from those it is intended to help most--the front line service worker...its basic formulations are derived from experience, particularly those instances of social service processing which strive for a systematic approach to dealing with the many dilemmas of service delivery and management."

On this score, the primary motivation of case management is that service provision, treatment, diagnosis, etc. do not, or should not, take place independent of process. At the operating level of a service delivery system (i.e., the level of direct contact between clients and those who man and operate the "system"), this means that decision-making and procedural guide-lines have been rationalized and are in place. Clearly, given the findings of the many studies of child welfare, and protective services in particular, this is normally not the case.*

The Need for CMCPS: Aside from laboring under problems of inadequate budgets, insufficient staff, outdated or everchanging policy directives, and an inadequate knowledge base, most local agencies operate in the absence of defined decision rules, case evaluation and planning routines, uniform record-keeping guides, etc. The case management model takes aim at these problems in two ways:

1. In the first place, case management tries to take into account the many constraints and dilemmas that confront local organizations, particularly the front-line staff. Case management does not promise any fail-safe solutions, nor does it ignore the limits of organization effectiveness.

   This point of view governs all applications of the general model, including CMCPS. It is a point of view that recognizes that:

   - Some system deficiencies are inherent;
   - Program policy, rules and regulations result from compromise;
   - Problems of not enough money to fully man systems or to provide sufficient initial and in-service training are standard; and
   - Professional and bureaucratic self-interests are unrelenting.

   An additional concern in this respect is the trends and societal forces at work. Basic attitudes and legal formulations about the rights of children, and the standing of those who care for children out-of-home are in flux. Familiar institutions are under stress, and the rationales of institutional and foster care concepts are being rethought.

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*One of the chief problems is case disposition failures that are attributable to process breakdowns. See, for example: Clara L. Johnson, Ph.D. Two Community Protective Service Systems: Nature and Effectiveness of Service Intervention (RISWR, 1977).

All of these factors, plus the problems of case disposition that are particular to protective services, are to be reckoned with by CPS staff and by the communities they serve. For one thing, the advent of child abuse/neglect as a national problem means that the protection of children is no longer a simple process, if it ever was.

2. The general Case Management Model specifies seven basic requirements, logically interconnected in the form of a general design that workers (and supervisors) can use on a case-by-case basis. Due to program differences these seven requirements are collapsed into five (5) in CMCPS (pp. 18 and following).

   In concert with the general model, these five CMCPS requirements are intended to give workers (and other case participants, including supervisors) a conceptual framework for organizing their workload and for:

   - Connecting case problems with proper service/treatment, and recognizing that other agencies/systems may serve the same client, maybe even better and more efficiently;
   - Recognizing the limits of service availability and expertise;
   - Locating and using other alternative professional services;
   - Assuring community involvement and service access;
   - Identifying, communicating and integrating decision-making with other case participants;

- Assuring case responsibility and related assignments; and

- Promoting oversight and follow-through on "cases."

By focusing on process requirements and constraints, case management tries to relate to the practical side of managing case decisions, actions, etc., rather than focusing on abstract system functions.

In this sense, the case management model is a general design that represents a first step towards workable processes. This means that the requirements are meant to stimulate agency staff to gauge present methods and procedures against those of the model. Ideally, the result of this kind of comparison, or analysis, will take two forms:

- The "gaps" between requirements and actual practice will be closed; and/or

- Requirements that can't be met will be identified, and their causes known.

The extent to which case management process requirements can be met, and the time it takes, will of course vary from agency to agency.

On a related point, whether case management is needed, including the extent of its usefulness, depends on who you are talking to. Typically, on the one hand it is claimed that a comparable process is already in place, or it isn't really necessary. But another point of view gives quite a different account. Someone's plans, processes, cases, etc. keep getting mixed up with someone else's. Policies are administered by different people in different programs, and under a variety of professional and bureaucratic circumstances. The same goes for services. The idea of case management is to reduce the disruption that these kinds of differences can cause by establishing and meeting requirements that are both instrumental and realistic.

CMCPS Objectives: The overriding purpose of CMCPS is to help local agency staff (i.e., workers and supervisors) manage protective service cases. While the model's point of view is that of local protective service agencies, invariably in one combination or another a number of individuals, organizations, and professions are involved. Consequently, the management of protective services cases is complicated by lines of authority, expertise and functions that are sometimes zealously guarded, sometimes blurred. Problems concerning treatment, diagnosis and the proper placement of children at risk, along with issues resulting from differing community values, are also well-known.

In this complex service setting, the case management process aims at the following objectives:

1. Systematic Interpretation of Policy: Provide a core concept for developing and applying uniform procedures and decision-making rules at the individual case level so that:
   - Decision points and factors can be located and defined in terms of worker/agency responsibility, authority and process implications;
   - Errors in case processing/disposition can be identified, accounted for, and/or remedied;
   - Organizational problems, process "bottlenecks," and other dilemmas can be taken into account; and
   - Task assignments and job responsibilities can be rationalized as a means for defining roles (so that, for example, specialized intake and investigation/intervention functions can be classified and assigned).
2. System Development: Provide a set of case level process requirements for identifying organizational and functional connections that comprise protective services systems in order to:

- Define and systematize formal relationships among all case participants (including law enforcement agencies, courts, hospitals, schools, private physicians, etc.) and reduce functional discrepancies;
- Utilize community and other collateral resources more routinely and effectively; and
- Take into account the standard operating procedures (SOP's) of an agency, professional differences, administrative preferences, and other potential discrepancies which might inhibit intra- and interagency case coordination.

3. Training and Technical Assistance: Establish an operational, process-oriented basis for:
   - Defining protective services skill and knowledge requirements;
   - Defining training curriculum needs; and
   - Organizing T/TA content and activity.

II. Case Management for Children's Protective Services

A. Main Features of CMCPS

The CMCPS model is intended to provide a means for rationalizing and putting into operation a case management function. This function accounts for a number of process requirements that must be met in order to accomplish the objectives of protective services. From another angle, process requirements represent how an agency, unit or individual organizes work and responsibility.

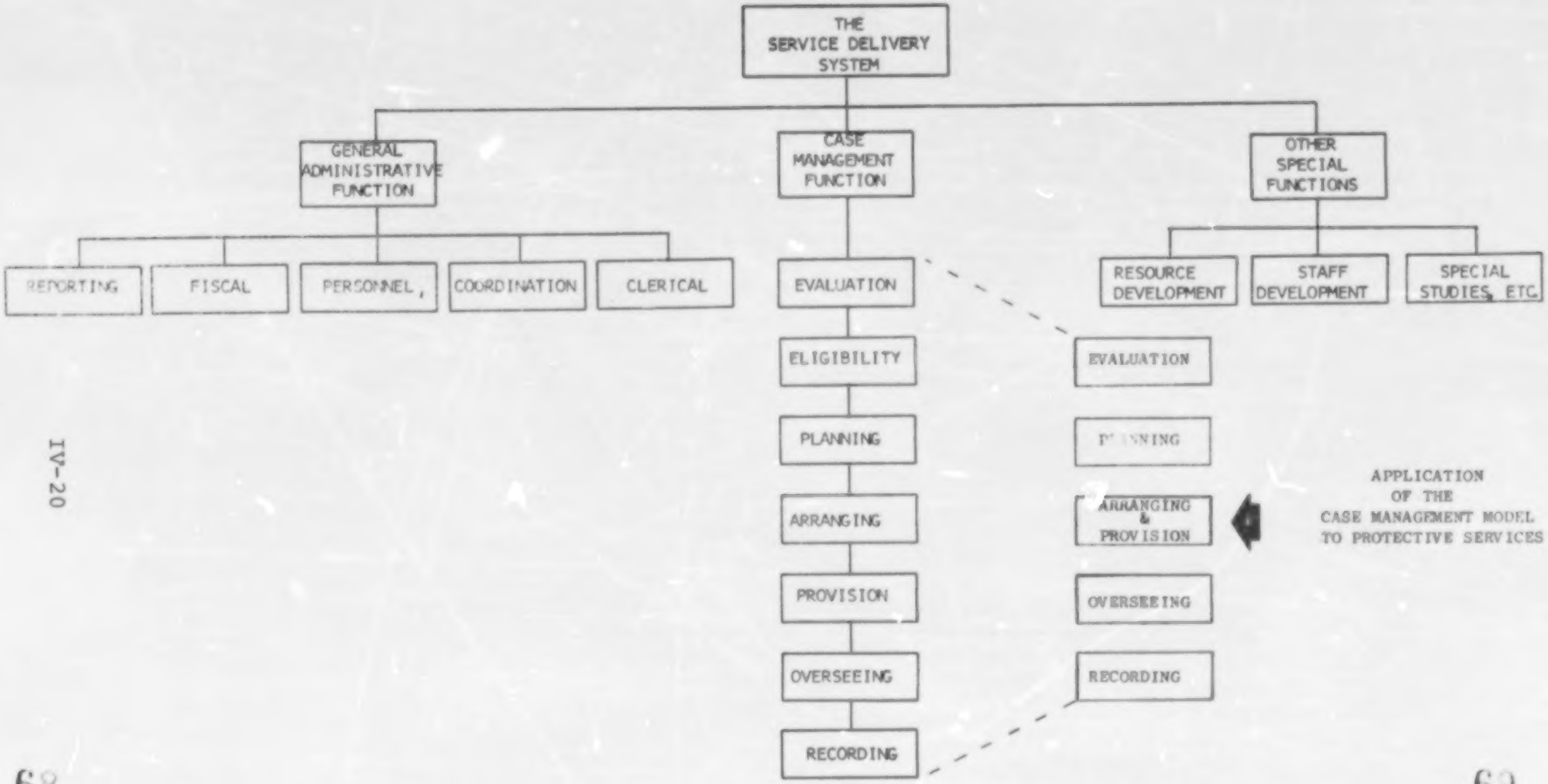
1. Process Requirements: The concept of process requirements and the corresponding idea that these requirements are bound to be integrated and implemented in different ways are main features of the Case Management Model. Due to program differences the seven (7) requirements of the general Case Management Model have been collapsed into five (5), as follows:

- Evaluation
- Case Planning
- Service Arrangement and Provision
- Overseeing
- Recording

Each process requirement specifies the decision factors, procedures, protocols and specialized content needed to meet CMCPS objectives. Operationally, this means that decision rules and procedures have been worked out, and that they are followed, and that staff have been trained. It also means that problems have been identified and that they are routinely taken into account on an individual case basis.

2. Interdependency of Case Management and Other Delivery System Functions: Insofar as CMCPS describes the level of agency and program operations where clients and those who man the system interact directly, process requirements account conceptually for one sector of the total service delivery system (the diagram on the following page depicts this arrangement). In operational terms, each process requirement (i.e., decisions, procedures, interface requirements) interacts with other delivery system functions. Accordingly, the provision of "protective services" interacts with other service delivery system functions. In this highly simplified conception, the CPS need for community support is interdependent with general resource assessment and development activities; the case management function of recording interacts with the general administrative function of reporting; etc.). Depending on the manner in which an agency's functions are centralized or decentralized, program and/or administrative supervision may figure into the process in much the same way.

3. Case Management Requirements and Organization: In keeping with the general model, these requirements are independent of organizational size and complexity. This means that they can be met by a variety of organizational and staffing styles, including individual workers


THE SERVICE DELIVERY SYSTEM
GENERAL ADMINISTRATIVE FUNCTION
CASE MANAGEMENT FUNCTION
OTHER SPECIAL FUNCTIONS
REPORTING
FISCAL
PERSONNEL,
COORDINATION
CLERICAL
EVALUATION
ELIGIBILITY
PLANNING
ARRANGING
PROVISION
OVERSEEING
RECORDING
RESOURCE DEVELOPMENT
STAFF DEVELOPMENT
SPECIAL STUDIES, ETC.
EVALUATION
PLANNING
ARRANGING & PROVISION
OVERSEEING
RECORDING
APPLICATION OF THE CASE MANAGEMENT MODEL TO PROTECTIVE SERVICES

SERVICE DELIVERY SYSTEM MODEL

and teams. In terms of organizational scale, the smaller the agency the more likely case management will be an individual worker responsibility. Conversely, larger organizations may tend towards the specialization of some of the process requirements.

Whatever the organizational or system context may be, the operational emphasis of the process is that each requirement must be met by someone. That is, ideally, no matter how many systems, agencies or individuals may be involved in helping a family or protecting a child, accountability can be determined.

Obviously, a variety of circumstances will dictate (a) how and to what extent each requirement can be met and (b) the scope and significance of the accountability that might be involved on an agency or individual basis.

4. Community: Protective services is necessarily a community obligation and function. It is commonly discovered, however, that community resources--including private and other collateral helping agencies, and diagnostic and treatment professionals--are frequently bypassed. From the point of intake through case planning and service provision, CMCPS process requirements oblige CPS workers to involve, and in fact, rely on the community and its resources.

B. Process Requirements Outline and Diagrams

The following outline and diagrams are designed, first of all, to represent a model statement of a children's protective services process. The main idea is for an agency to use the outline and the diagrams as a basis for developing its own statement of process requirements and constraints.

On the way to this result at least two things are likely to take place:

1. The issues raised by the outline and the diagrams are not detailed enough and, therefore, detail must be added.

2. Because information and/or policy direction is lacking, or because agreement is not possible on some issues, some requirements cannot be met for the present, or must remain ambivalent. These exceptions must be noted and taken into account in any effort to design and operationalize a CPS system.

The point is that the adaptation of the model to local/community conditions and the development of a training capability--and training itself--are not one-shot strategems. A commitment to the concept of a case management process followed by the application of the requirements outlined and diagramed in the following section are in themselves first steps in a process.

PROCESS REQUIREMENTS:
OUTLINE AND DIAGRAMS

I. Evaluation

A. Intake Procedures

1. Obtain minimum information, including identity of prospective client(s), reporter(s) or referral source. Check referral agencies for background information.

2. Intake Decision. Determine intake objective:

   a. If the intake objective is to respond to a request by an individual/family for emergency service, provide the necessary assistance in accordance with policies.

   b. If the intake objective is to respond to a report or referral, locate and contact the family as soon as possible, and in accordance with agency guidelines. Proceed to next step with or without contact.

3. Initial Screening: Conditional Case Opening Decision. Determine if a case should be opened:

a. No Case: Services other than protection may be in order. There is no need to open a case if initial observation and available information (i.e., check files for existing/previous record) do not indicate abuse, neglect, or other cause for intervention. Under these conditions, information and/or referral services can be provided, as necessary.

b. Open Case: In the event that initial contacts and inquiries point to indications of abuse, neglect or any other basis for intervention (e.g., investigation of a complaint within 24 hours, or as required by law), a case is opened. This constitutes a conditional opening of a case, pending further investigation.

4. Initial Case Status Decision. Determine if an emergency or crisis exists (i.e., timing is critical; welfare of child is in immediate jeopardy):

   a. In non-crisis situations, carry out Routine Case Determination Procedures (I/B).

   b. In the event a crisis situation (i.e., service needs are immediate; child is in jeopardy) is confirmed, intervene immediately by means of contact with the family, and carry out Emergency Intervention rocedures (I/C).

NOTE: Recording is a major case management requirement. It touches on each of the other case management requirements, beginning at Intake and continuing for the duration of the process. It is outlined in Process Requirement V.

During intake, the extent of recording will vary according to the intake objective and related factors. One additional consideration must be taken into account: Since court proceedings are always possible, from the beginning of intake records must be kept in line with the prevailing rules of evidence.

B. Routine Case Determination Procedures

1. Family Contact: Continue contact with the family, as appropriate. Make home visit and determine if family is going to be cooperative or combative. Share details of the report/allegations with parents/alleged perpetrators.

2. Case Information Contacts: Make contact with referral and/or reporting source(s):

   a. Assess motives of reporter(s);

   b. Assess resource potential of reporter(s);

   c. Provide feedback to reporter and/or referral agency.

3. Record Check: Check agency records (i.e., hot line and central registry data).

4. Review Case Decision: Review original case opening decision. Determine need for case involvement and/or case management responsibilities. Determine jurisdiction. Consult decision resources. There are two main possibilities:

   a. A referral to another agency with no further case management;

   b. A continuation of the case management process, beginning with a detailed case investigation.

5. Recording and Case Continuation: Record potential case data; reflect case management decisions.

C. Emergency Intervention Procedures

1. Intervention: Once a crisis situation is suspected, CPS is obliged as a first step to initiate and/or (as the case may be) maintain contact with the family and continue emergency intervention measures in accordance with policies. These policies or guidelines are subject to local/community development and practice.

The precise nature of the crisis intervention (e.g., hospitalization for treatment and/or observation) will be conditioned by a variety of intervention factors, including state laws, problem severity, local agency practices and other considerations.

2. Emergency Services/Placement: Arrange and/or provide emergency services as necessary (i.e., homemaker, medical, housing, emergency shelter, etc.).

   Emergency placements in, for example, emergency foster care can be for reasons that are either benign or volatile: Temporary placements can be made in response to a request; or children can be removed and placed temporarily as a protective device pending a court hearing or other action.

3. Decision Resources: The intervention decision must not be made precipitously or unilaterally. Consult decision resources (i.e., other professionals, protection team colleagues, supervisors, agency attorney, client-family lawyer, etc.) as to intervention requirements.

4. Legal Intervention Decision: Determine if legal intervention for removal and/or temporary custody of the child is necessary:

   a. Involuntary Removal/Temporary Custody

      (1) Obtain temporary court order;

      (2) Carry out court order; assume temporary custody of child and make temporary placement;

      (3) Determine if petition is needed for long-term custody/removal (if not, return child to home);

      (4) Inform parents (and child, if appropriate) of decision; advise as to legal rights and assure adequate legal representation;

(5) Prepare for and initiate court processes in the event a petition is needed to secure long-term custody/removal;

(6) Prepare family (parents and child) for placement; continue to work with family and child.

b. Voluntary Removal:

(1) Place child in accordance with policy;

(2) Provide for return of child to home in accordance with policy (i.e., maintain liaison with placement authority, including case reviews);

(3) Work with family as necessary.

5. Recording and Case Continuation: Continue case management: Record intervention decisions, activities.

D. Detailed Case Investigation

1. Case Orientation:

a. Conceptualize problem(s) to be investigated (i.e., in terms of initial complaint, subsequent allegations, results of previous inquiries, and--if applicable--emergency intervention circumstances). Formulate problem statement (i.e., including "facts") and investigation requirements.

b. Orient investigations in terms of possible sources, methods and uses of information. At minimum, distinguish between information that is (a) "factual" (i.e., objective, concrete and consistent with rules governing admissability of evidence); (b) subjective and inferential, including expert opinion that does not stand applicable evidence tests.

c. Identify legal, jurisdictional, community and other constraints relative to fact-finding, service prospects (e.g., eligibility) and family/child involvement; pinpoint issues about privacy protection and confidentiality of records.

d. Advise family of information needs and seek consent. Gauge and balance the need for information with the need for maintaining credibility with the family.

e. Determine basis and need for exercising authority in order to carry out the investigation.

2. Fact-Finding

a. Gather information/evidence in accordance with problem statement (i.e., focused on the clarification of "facts" and in anticipation of possible fact-finding hearing) and as a supplement to verified report (complaint) data along with the results of initial record checks.

b. Conduct social evaluation and field investigation. Visit home and establish authority/dependency relationship as required by family reaction, mood, capacities.

c. Diagnostic Support:

(1) To the extent possible, determine the need for other professional diagnoses. Particular emphasis should be placed on beginning to determine the need for involving "outside" specialist.

(2) In the event diagnostic support is warranted, client contact with the specialist (physician, child development specialist, marriage counselor, etc.) must be arranged.

d. Prepare investigation report/statement as a prelude to planning and case action. Identify "facts" and supporting evidence, along with any factors and circumstances which may contribute to the overall problem.

3. Case Action

a. Case Management Status:

(1) Determine case management status (i.e., continue or terminate); coordinate with current and prospective case participants/decision resources, including treatment specialists, courts and foster care, as appropriate.

(2) At this juncture, the investigation may raise or confirm the need for initiating legal intervention and/or removal of the child from the home. Accordingly, case action may require petition to the courts for adjudication of the case.

Consequently, the case management process will include interaction with court processes and/or child placement processes (See Explanatory Notes, pages 29-30).

(3) Case investigations that result in court orders regarding custody and/or removal of the child for placement out-of-home will influence the extent and content of subsequent case management functions, particularly in terms of planning, service coordination and overseeing. For one thing, case communication and coordination across system and/or administrative boundaries will be likely if not necessary.

A number of situations are possible, including:

(a) Legal custody of the child in the home;

(b) Legal custody of the child in placement;

(c) Placement of the child as a result of voluntary removal.

Additionally, the length of time a child is in custody and/or placement poses another common variation.

b. Case Closure/Termination Processes:

If case investigation activities (possibly including emergency intervention) have succeeded in stabilizing the home or in meeting other crisis or situational objectives, the judgment may be to close the case insofar as protective services are concerned. In this event, agency prescribed termination procedures are applied. Other services including those initiated by protective intervention, may continue, of course. Alternatively, case closure may also involve information and/or referral.

Also, from the protective service standpoint, court terminations of legal rights results in case closure. Of course an agency may continue to be involved in some other capacity.

4. Recording and Continuation of Case Management

Record relevant investigation data and case action decisions in accordance with requirements.

NOTE: The Placement Process. For purposes of this outline, Placement Procedures encompass all activities and tasks associated with removal (whether voluntary or court ordered) of the child from the home. A variety of possibilities fall within this category, ranging from 24-hour emergency shelter to a longer term out-of-home placement, including foster care.

As such, these procedures govern the relationship between protective services and foster care functions. The actual working relationship will be shaped by agency organization and staffing patterns. Sometimes one worker manages both functions; in other circumstances protective services and foster care are separately supervised and staffed.

Whatever the arrangement, from the standpoint of protective services, Placement Procedures involve a number of requirements, including:

- Preparation of parents and child for placement.
- If foster care is a separate function, interface must be established with the responsible worker in order to determine and meet placement criteria (e.g., type of care) to establish case plan continuity and decision-making.
- As appropriate, develop and apply case review criteria in collaboration with the court and foster care.
- In collaboration with other case participants, work to establish the conditions for returning the child to own home or, alternatively (depending on the prevailing facts), advocate for legal termination.

NOTE: The Court Process. Interaction between the courts (criminal and/or juvenile family courts) and Protective Services is represented by Court Preparation Procedures. These procedures entail the activities and tasks for petitioning the courts (custody, removal, termination of rights, etc.), and for working with the Court on a given case. Activities include:

- Advising and assisting parents and child in the matter of legal rights, counsel, etc.;
- Preparation for petition role and for carrying out court directives (i.e., giving testimony, compiling evidence, working with attorneys);

- Maintaining liaison with court services staff.

II. Case Planning

A. Problem Definition

1. Formulate Problem Statement. On the basis of available facts and professional diagnoses and evaluations (compiled, verified and cross-referenced during the detailed investigation phase), and in terms of established service and treatment models, develop an objective problem statement.

   Ideally, the problem statement will be a synthesis involving the perceptions of all case participants and decision resources.

   a. Identify possible "causes," family and child problems, and other diagnostic results or case circumstances which account for the abuse and/or neglect situation;

   b. Incorporate prior efforts to deal with problem(s);

   c. Specify value system conflicts and professional issues;

   d. Determine limits and environment of case planning (including court action, foster care requirements, etc.);

   e. Identify and account for gaps in information and problem explanations.

2. Coordination of the Case Plan and Community Collaboration. Coordinate problem definition and all subsequent steps with other case participants.

   a. Involve family and child in case planning;

   b. Depending on the case, coordinate case plan with the Court, other community agencies, protective service team, foster care, etc.

B. Setting Objectives

1. Determine short and long range priorities in collaboration with case participants/decision resources:
    a. Distinguish between problems and issues which require immediate resolution and those which can be deferred;
    b. Gauge priorities in terms of agency/staff and community resource capacities.
2. Identify responsibility for achieving objectives:
    a. Indicate who and/or what agency is committed to meeting each objective;
    b. Identify problems that can possibly be managed by the family.
3. Formulate simply-worded statements of case objectives. In order to be realistic and attainable, case objectives must be:
    a. Consistent with policies and available resources (i.e., services and treatment capabilities);
    b. Endorsed by the client-family; and
    c. Specify a single, "measurable" result and a milestone for each statement.

C. Goal Assignment

1. Title XX Social Service regulations mandate assignment of specified goals to each primary client.
2. If a protective services case plan includes objectives that will require Title XX funded services, then eligibility must be determined and a goal must be assigned (i.e., goal #3).

D. Service and Treatment Identification

1. Identify individuals and agencies responsible for achieving each service objective and/or treatment objective.

2. Take into account and document restrictions and potential problems that might obstruct service provision, treatment or any aspect of the case plan.

3. Facilitate the identification of diagnostic/treatment specialists, service agency and workers by means of a Service Delivery (See III/B).

E. Eligibility Determination

1. Consult Title XX Service Regulations:

   a. Note provisions governing service eligibility and primary client;

   b. Review comprehensive Annual State Social Service Plan, particularly regarding:

      (1) The definition of protective services for children;

      (2) The eligibility requirements for defined Title XX Social Services.

2. Apply Service Eligibility Criteria to Protective Service Case Plans:

   a. Identify eligibility requirements per case objectives and service need.

   b. Eligibility data sources include:

      (1) The client-family;

      (2) AFDC records.

   c. Process required eligibility forms.

F. Draft and Consolidate the Case Plan

1. Coordinate case planning activities and compile problem definition, objectives (service and treatment), service designation into a summary statement.

2. Incorporate the consolidated case plan in the record.

III. Service Arrangement and Provision

A. Determine Arrangement Role and Requirements

1. Determine Case Roles. Assume or assign case responsibilities as an individual provider, client-advocate, CPS worker, case manager, part of a CPS team, etc.

2. Identify and assess agency and community service/treatment opportunities; clarify service roles and regulations pertaining to other protective service resources.

B. Maintain Agency and Community Service Directory

1. Compile initial inventory in accordance with format and content requirements.

2. Update the Directory:

   a. Revise Directory contents to reflect changes in community service prospects;

   b. Indicate "track record" of service providers.

C. Case Plan Implementation

1. Contact service providers, treatment specialists and others (e.g., protective service team) implicated in the case plan prior to implementation.

2. Negotiate and obtain service agreements:

   a. Inter-agency contracts (e.g., purchase of services);

        - b. Written agreements between designated case manager and family.

    3. Meet case plan service and treatment requirements.

    4. Carry out legal intervention and/or placement decisions in accordance with the case plan.

D. Recording and Case Continuation. Enter service delivery and related activities, problems, etc. into record.

IV. Overseeing

A. Operationalize the Monitoring-Assessment Cycle

1. Establish criteria and coordinate case overseeing activities:

    a. Develop and use monitoring criteria for which case objectives (contained in the consolidated case plan), represent the main reference points;

    b. Develop a coordinated (e.g., involving foster care) monitoring schedule consistent with case plans;

    c. Coordinate field visits, CPS team conferences, case reviews and other oversight schedules.

2. Sustain relationship to overall case management process:

    a. Routine monitoring and assessment activities begin once a case has been established as a result of detailed investigation;

    b. Monitoring and assessment activities link together the investigation, planning and service delivery activities (including referrals) of case management;

    c. Reinforcement Effects. On-site monitoring and worker attentiveness promotes stabilization of change in the home.

B. Coordinated Review of Monitoring Exceptions

1. The monitoring-assessment cycle represents the case management "trigger" for making case decisions.

2. Decision-making requirements for revising the case plan and for case action:

   a. Maintain liaison/interaction with court services, foster care, other agencies, systems, disciplines, etc.;

   b. In line with case management standards, assure the involvement of the family and/or child in decision-making.

C. Carry Out Case Action Procedure

1. Reiterate Case Action as defined in I/D.

2. Continue assessment-monitoring cycle.

V. Recording

A. Determine Record Requirements

1. Define record elements:

   a. Case management activity can be recorded in accordance with standard requirements (i.e., evaluation, investigation, etc.);

   b. Case plan elements will vary as to service type, agency terminology and other factors.

2. Determine record-keeping requirements and constraints:

   a. Devise a records purge/retention schedule in line with agency policies (including confidentiality requirements) and case management needs;

   b. Establish files, cross-reference requirements and integration needs (i.e., in order to accommodate other agencies/individuals involved in case management processes).

B. Carry Out Process Activities

1. Recording begins at intake and continues throughout the case management process.

2. Recording includes the routine documentation of:

   a. Case management activities and/or problems;

   b. Case plan activities, decisions, progress, problems.

3. Coordinate with other case participants.

C. System Interfaces

1. Social Services Information System (SSIS):

   a. Report case data mandated by HEW Social Service Reporting Requirements (SSRS) on applicable clients.

   b. Case management recording is independent of SSIS reporting.

   c. Specific reporting requirements will vary according to State system design.

2. Central Registries:

   a. The case management process interacts with central registry functions in two basic ways:

      (1) Updating the central registry data base per requirements (e.g., reporting case status and/or action); and

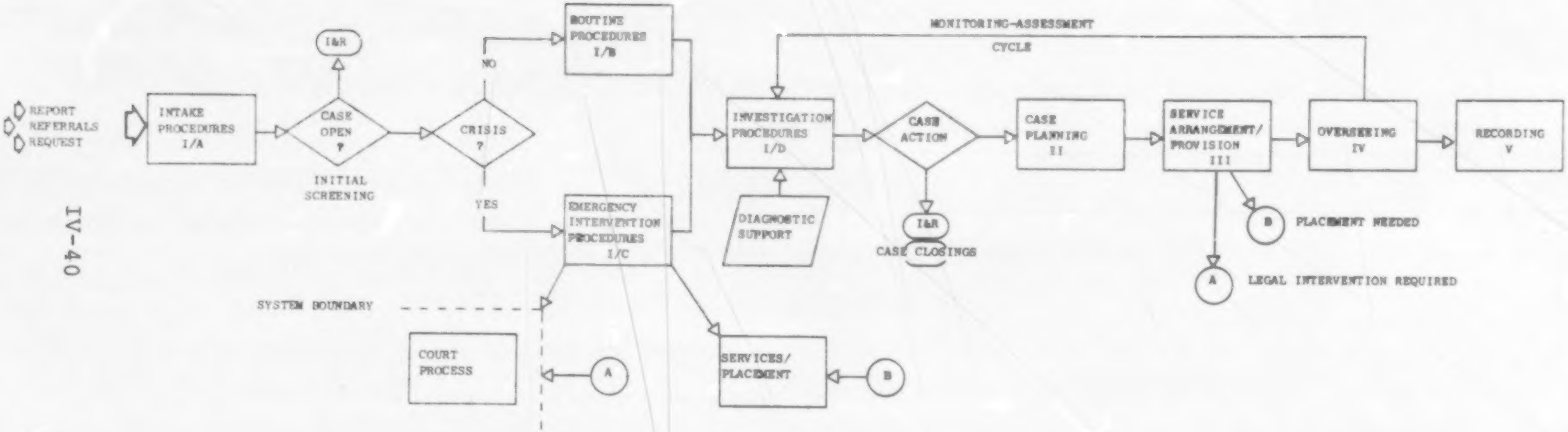
      (2) Responding to reports (intake-evaluation) received by and disseminated by a central registry.

Note: The extent to which case management processes can rely on central registry functions/data may be limited by factors of design and practicality.

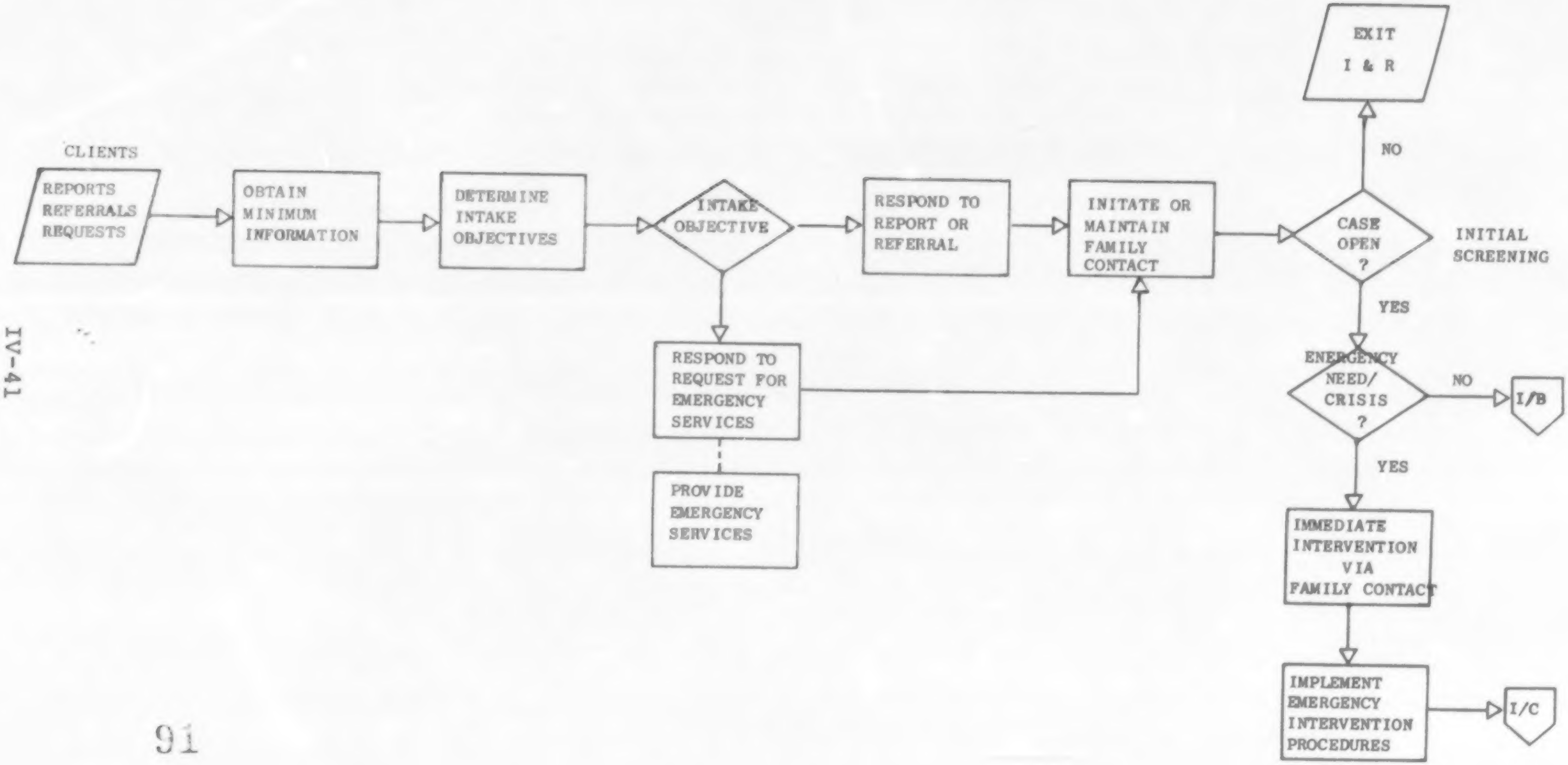
APPENDIX 1

CASE MANAGEMENT PROCESS: DIAGRAMS AND CHARTS

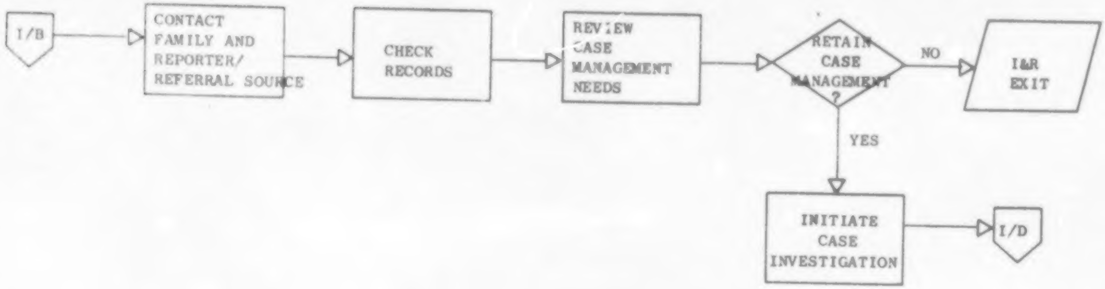
CASE MANAGEMENT FOR PROTECTIVE SERVICES:
GENERAL PROCESS


REPORT
REFERRALS
REQUEST
INTAKE PROCEDURES I/A
I&R
CASE OPEN ?
INITIAL SCREENING
CRISIS ?
NO
YES
ROUTINE PROCEDURES I/B
EMERGENCY INTERVENTION PROCEDURES I/C
MONITORING-ASSESSMENT CYCLE
INVESTIGATION PROCEDURES I/D
DIAGNOSTIC SUPPORT
CASE ACTION
I&R
CASE CLOSINGS
CASE PLANNING II
SERVICE ARRANGEMENT/ PROVISION III
OVERSEEING IV
RECORDING V
B
PLACEMENT NEEDED
A
LEGAL INTERVENTION REQUIRED
SYSTEM BOUNDARY
COURT PROCESS
A
SERVICES/ PLACEMENT
B

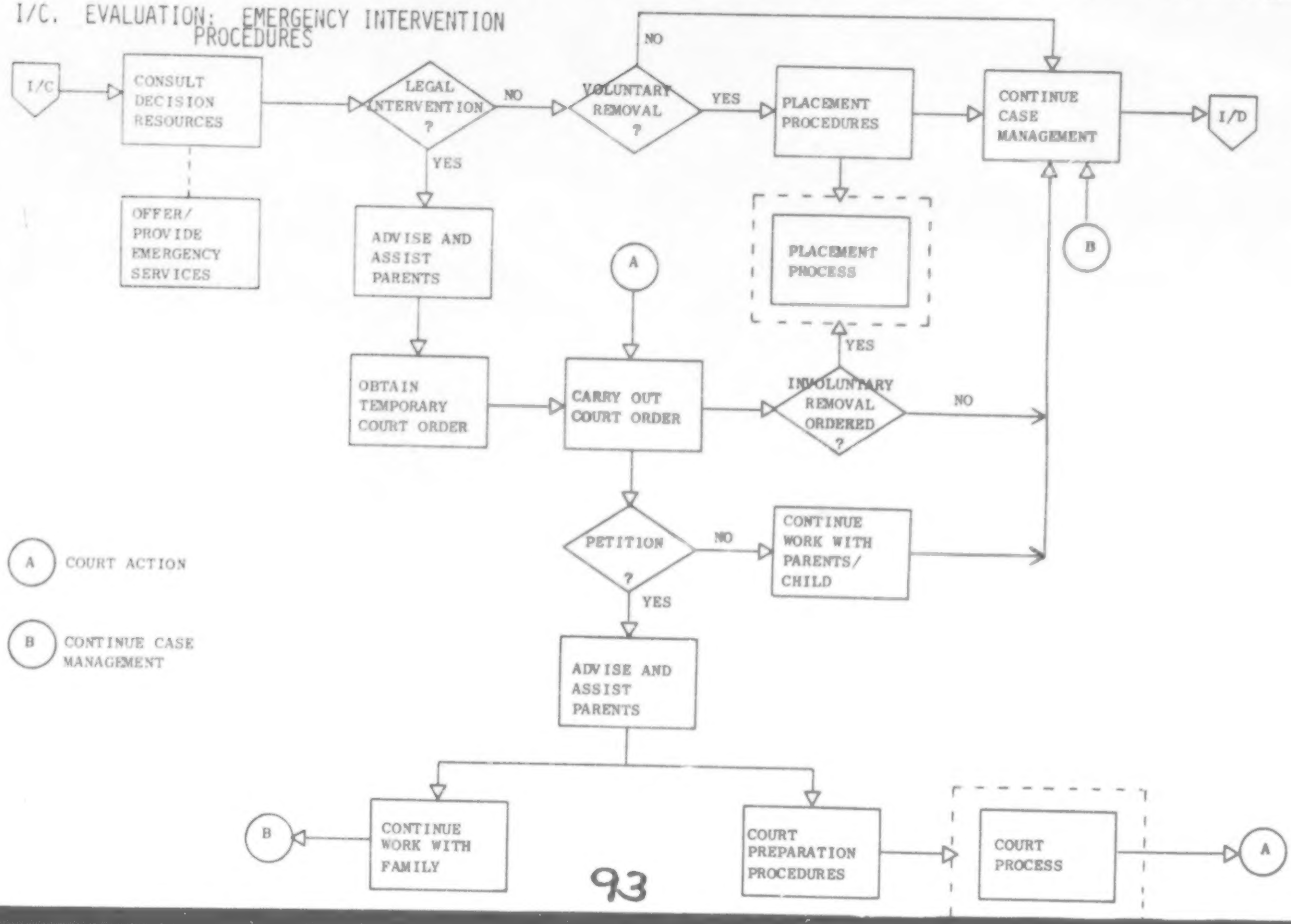
I/A. EVALUATION: INTAKE


CLIENTS
REPORTS REFERRALS REQUESTS
OBTAIN MINIMUM INFORMATION
DETERMINE INTAKE OBJECTIVES
INTAKE OBJECTIVE
RESPOND TO REPORT OR REFERRAL
INITATE OR MAINTAIN FAMILY CONTACT
CASE OPEN ?
INITIAL SCREENING
NO
EXIT I & R
YES
RESPOND TO REQUEST FOR EMERGENCY SERVICES
PROVIDE EMERGENCY SERVICES
EMERGENCY NEED/ CRISIS ?
NO
I/B
YES
IMMEDIATE INTERVENTION VIA FAMILY CONTACT
IMPLEMENT EMERGENCY INTERVENTION PROCEDURES
I/C

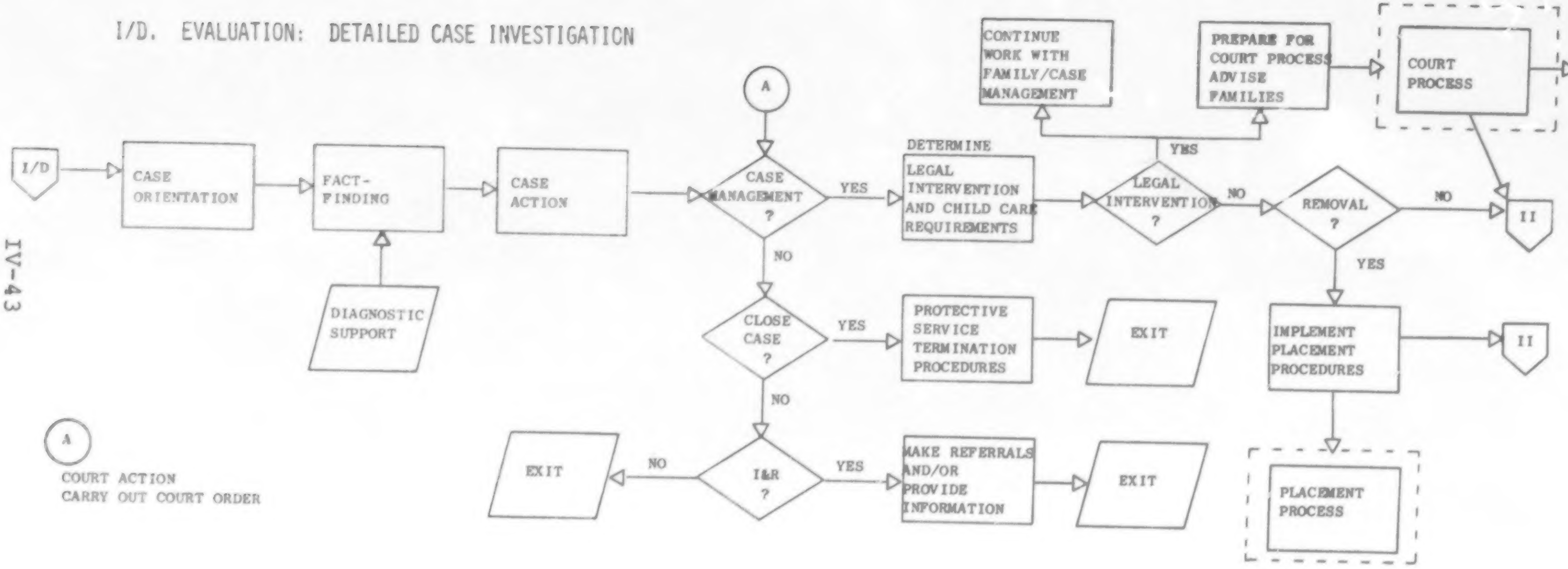
I/B. EVALUATION: ROUTINE CASE DETERMINATION PROCEDURES


I/B
CONTACT FAMILY AND REPORTER/ REFERRAL SOURCE
CHECK RECORDS
REVIEW CASE MANAGEMENT NEEDS
RETAIN CASE MANAGEMENT ?
NO
I&R EXIT
YES
INITIATE CASE INVESTIGATION
I/D

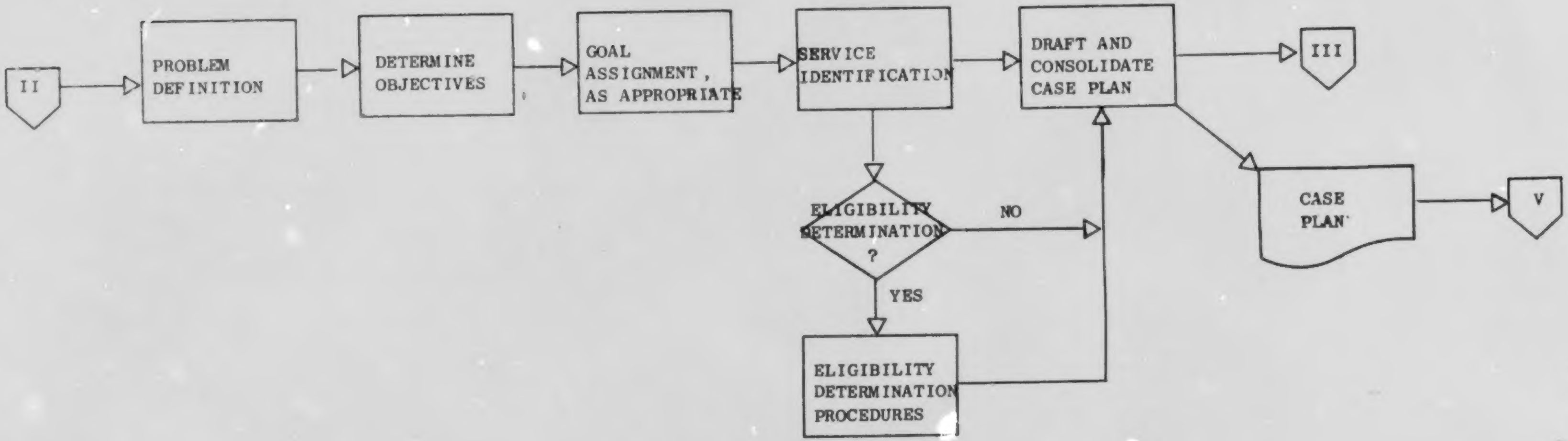
I/C. EVALUATION: EMERGENCY INTERVENTION PROCEDURES


I/C
CONSULT DECISION RESOURCES
OFFER/ PROVIDE EMERGENCY SERVICES
LEGAL INTERVENTION ?
NO
YES
VOLUNTARY REMOVAL ?
NO
YES
PLACEMENT PROCEDURES
CONTINUE CASE MANAGEMENT
I/D
PLACEMENT PROCESS
B
ADVISE AND ASSIST PARENTS
A
OBTAIN TEMPORARY COURT ORDER
CARRY OUT COURT ORDER
YES
INVOLUNTARY REMOVAL ORDERED ?
NO
PETITION ?
NO
CONTINUE WORK WITH PARENTS/ CHILD
YES
ADVISE AND ASSIST PARENTS
B
CONTINUE WORK WITH FAMILY
COURT PREPARATION PROCEDURES
COURT PROCESS
A
A COURT ACTION
B CONTINUE CASE MANAGEMENT

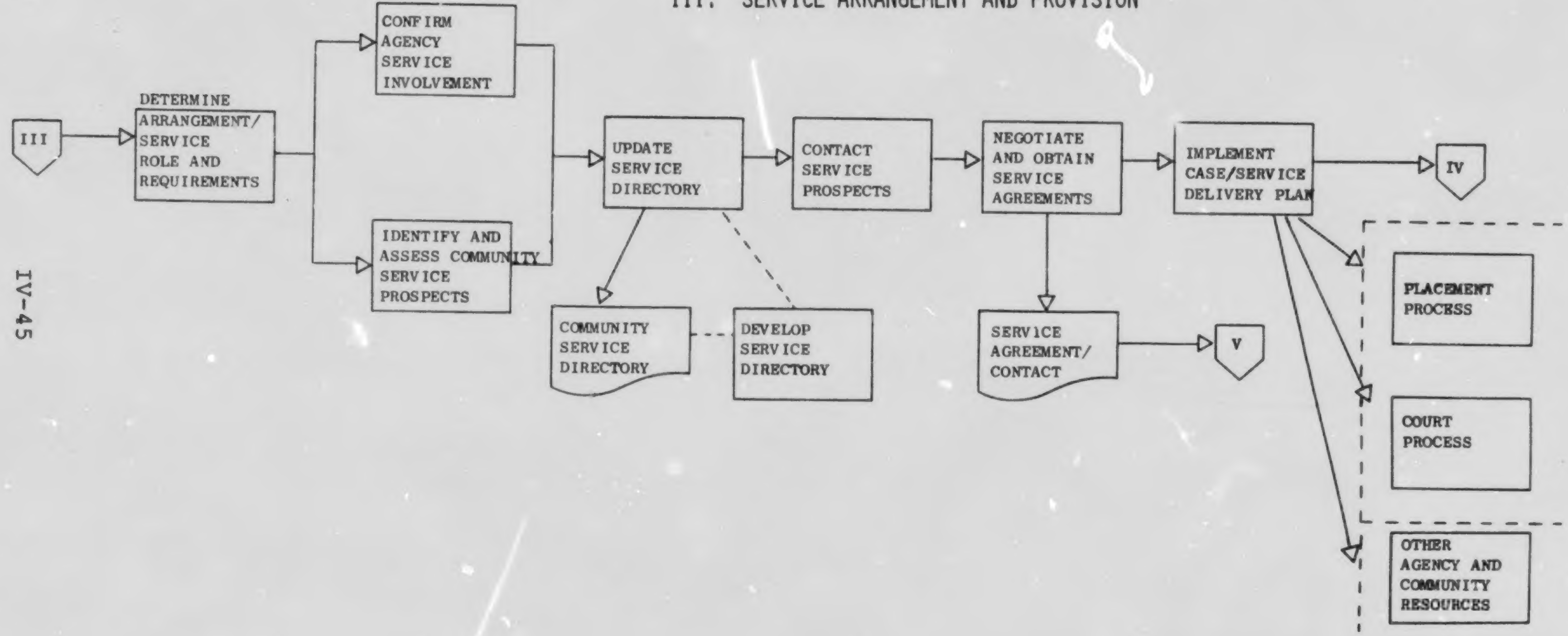
I/D. EVALUATION: DETAILED CASE INVESTIGATION


I/D
CASE ORIENTATION
FACT-FINDING
DIAGNOSTIC SUPPORT
CASE ACTION
A
CASE MANAGEMENT ?
YES
NO
DETERMINE
LEGAL INTERVENTION AND CHILD CARE REQUIREMENTS
LEGAL INTERVENTION ?
YES
NO
CONTINUE WORK WITH FAMILY/CASE MANAGEMENT
PREPARE FOR COURT PROCESS ADVISE FAMILIES
COURT PROCESS
A
REMOVAL ?
NO
II
YES
IMPLEMENT PLACEMENT PROCEDURES
II
PLACEMENT PROCESS
CLOSE CASE ?
YES
PROTECTIVE SERVICE TERMINATION PROCEDURES
EXIT
NO
I&R ?
YES
MAKE REFERRALS AND/OR PROVIDE INFORMATION
EXIT
NO
EXIT
A
COURT ACTION
CARRY OUT COURT ORDER

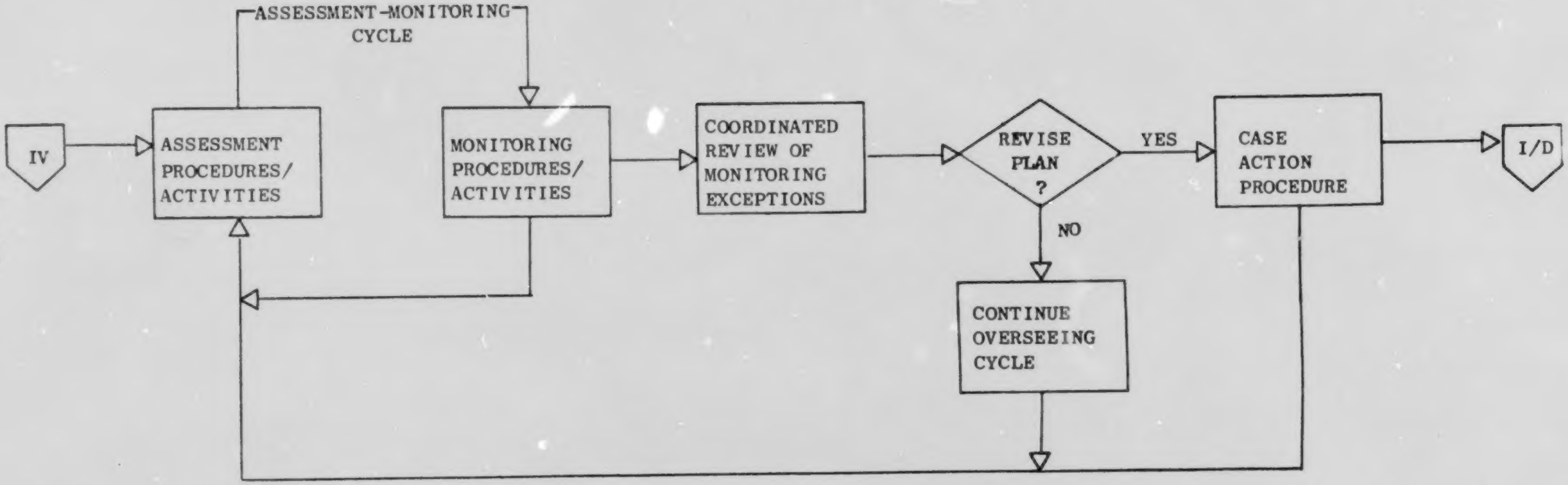
II. CASE PLANNING


II
PROBLEM DEFINITION
DETERMINE OBJECTIVES
GOAL ASSIGNMENT, AS APPROPRIATE
SERVICE IDENTIFICATION
DRAFT AND CONSOLIDATE CASE PLAN
III
ELIGIBILITY DETERMINATION ?
NO
YES
ELIGIBILITY DETERMINATION PROCEDURES
CASE PLAN
V

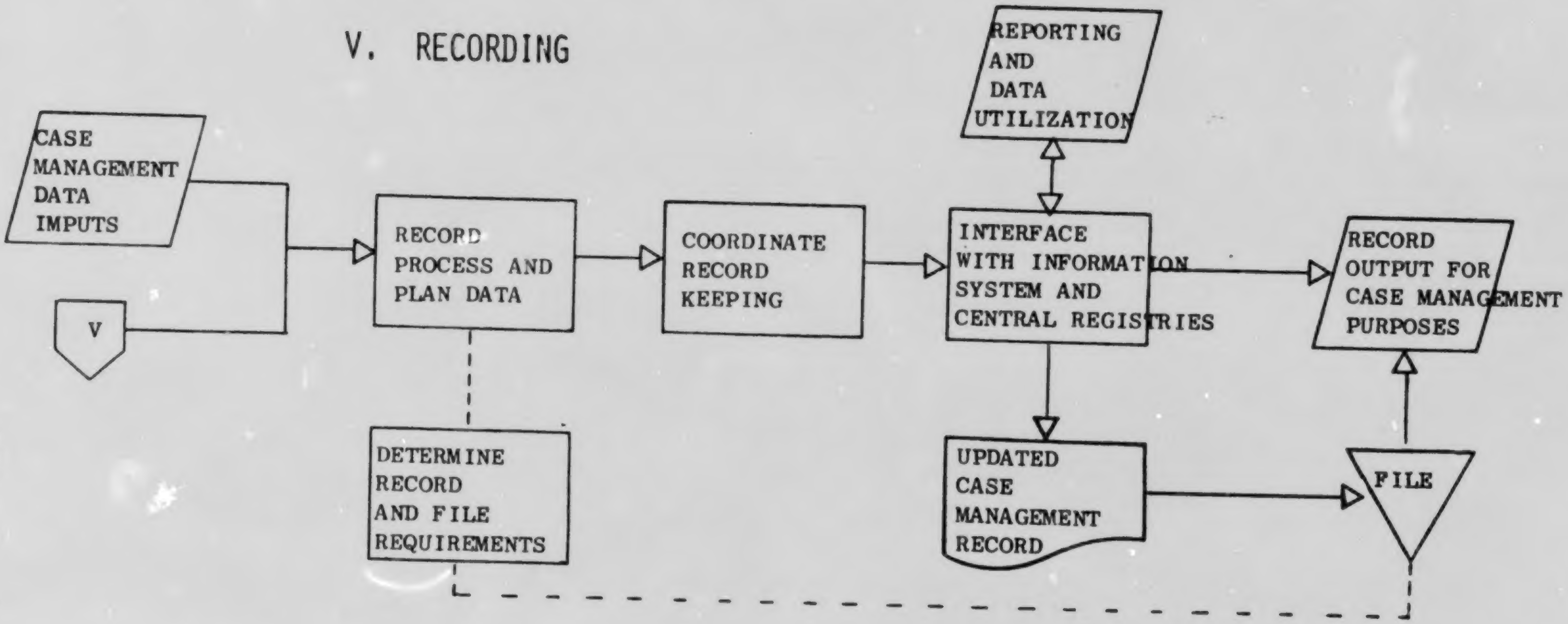
III. SERVICE ARRANGEMENT AND PROVISION


III
DETERMINE ARRANGEMENT/ SERVICE ROLE AND REQUIREMENTS
CONFIRM AGENCY SERVICE INVOLVEMENT
IDENTIFY AND ASSESS COMMUNITY SERVICE PROSPECTS
UPDATE SERVICE DIRECTORY
COMMUNITY SERVICE DIRECTORY
DEVELOP SERVICE DIRECTORY
CONTACT SERVICE PROSPECTS
NEGOTIATE AND OBTAIN SERVICE AGREEMENTS
SERVICE AGREEMENT/ CONTACT
V
IMPLEMENT CASE/SERVICE DELIVERY PLAN
IV
PLACEMENT PROCESS
COURT PROCESS
OTHER AGENCY AND COMMUNITY RESOURCES

IV. OVERSEEING


IV
ASSESSMENT-MONITORING CYCLE
ASSESSMENT PROCEDURES/ ACTIVITIES
MONITORING PROCEDURES/ ACTIVITIES
COORDINATED REVIEW OF MONITORING EXCEPTIONS
REVISE PLAN ?
YES
NO
CASE ACTION PROCEDURE
CONTINUE OVERSEEING CYCLE
I/D

V. RECORDING


CASE MANAGEMENT DATA IMPUTS
V
RECORD PROCESS AND PLAN DATA
DETERMINE RECORD AND FILE REQUIREMENTS
COORDINATE RECORD KEEPING
REPORTING AND DATA UTILIZATION
INTERFACE WITH INFORMATION SYSTEM AND CENTRAL REGISTRIES
UPDATED CASE MANAGEMENT RECORD
FILE
RECORD OUTPUT FOR CASE MANAGEMENT PURPOSES

APPENDIX 2

INDEX TO VIDEO TAPES FOR CASE MANAGEMENT TRAINING

INDEX TO VIDEO TAPES FOR CASE MANAGEMENT TRAINING

This is an index to video tapes for case management training. The contents of the two tapes are listed under the Topic heading. The column of three-digit numbers indicates the approximate location of the topic on the tape, assuming the digital counter is set at 000 when each tape begins.

VIDEO TAPE No. 1

Topic	Video Tape Location Numbers
Introduction	000
Overview and Format of Tapes	026
What is Case Management?	100
Why have Case Management?	128
Case Management as it relates to the Service System	233
Step I: Evaluation of Request/Need	267
Purpose . Access . Screening	289
Process . Information gathering . Assessing information	353
Content . Assessment of current situation . Problem identification . Objective and goal . Service availability . Time element	401
Review of this step	438

Topic		Video Tape Location Numbers
Step II:	Eligibility	463
	Purpose	471
	Process	483
	Content	495
Step III:	Planning	523
	Purpose	524
	Process	530
	Content	532
	. Problem definition	537
	. Objectives	552
	. Problem management	667
	. Setting objectives	697
	. Goal assignment (Title XX)	746
	. Identify service	759
Step IV:	Arrangements	772
Step V:	Provision	815

VIDEO TAPE No. 2

Topic		
Step VI:	Overseeing	000
	Purpose	027
	Process	038
	Content	053
	. Monitoring	097
	. Assessing	184
Step VII:	Recording	420
	Purpose	421
	Process	464
Summary		527
Flow Chart		566

MODULE V

The Development of the Child

I. Introduction

A. Instructions to the Trainer

Although the trainer may wish to vary the format of the presentation, the following module presents material that can be utilized for training protective service workers in basic growth and development of children. It is suggested that the size of the group being trained include no more than 25-30 persons to allow for some interplay between the trainer and the group. In addition, at least 5 hours should be planned in which to accomplish the training.

The training in child development can probably best be accomplished with a lecture that explains the basic concepts, allowing for ample discussion and questions from the group. Furthermore, the audio visual resources that will be suggested in a later section should prove to both transmit additional content to the group and stimulate further discussion.

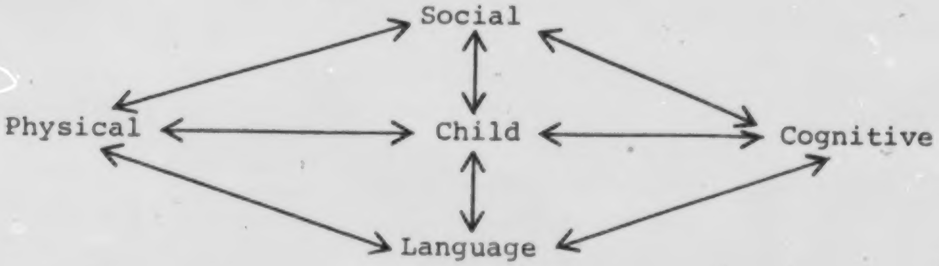
B. Background

Service workers are often called upon to make life or death decisions as to the welfare of children in their charge. These decisions frequently may be made with little knowledge of the developmental needs of the particular child. To provide a background in developmental issues and to act as a springboard from which staff can explore further all areas related to the provision of services to children, the following suggested materials are provided.

II. Developmental Needs of Children

> *"Infancy isn't what it is cracked up to be. Children, not knowing that they are having an easy time, have a good many hard times. growing and learning and obeying the rules of their elders, or fighting against them, are not easy things to do."*
>
> Don Marquis (1878-1937)[1]

The nature of human growth and development has been subject to a great many theories and speculations. One way of looking at the way people grow that is particularly useful is the concept of growth and development occurring in four interrelated areas--Physical, Cognitive, Social, and Language. The following figure illustrates the interrelationship of the four areas in the development of the child.



Every area of development is affected by every other area and the end result of this interplay is what is conceived of as the "whole" child.

A. Physical Development

Physical development refers to the process of growth or maturation of the child. Usually broken down into five different areas, physical development includes:

1. physical growth rate
2. perception
3. motor control
4. attractiveness
5. sexual development.

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[1] As quoted in Braga and Braga (1975).

Probably the most easily observable area of development, the rate of physical growth, can be determined by measuring the weight and length of the child. In addition, the length of several large bones in the body and the circumference of the head are often used as measures of physical growth rate. Although all children grow at differing rates, most children's height and weight fall somewhere near the rates provided on the following growth charts (see Figures 1 & 2).[2] Failure to grow at a normal rate should be the object of some concern and a physician should be consulted. A lack of normal growth can have a wide range of causes including a slow growth spurt, lack of nurturant care in the failure-to-thrive child, or poor nutrition.

Perception involves the acquity of the five senses: vision, taste, hearing, touch, and smell. Perceptual deficits, which can be hard to notice without proper screening, have an effect on the overall development of the child. Even small sensory difficulties affect what a child is able to perceive and learn from his environment. For example, a child who cannot see well may not be able to develop proper hand-eye coordination and may thus be unable to explore his surroundings in a way that allows him to learn at his fullest potential. Hearing difficulties can also have a negative effect on the development of the child. The child who never seems to listen to you may in actuality not be able to hear you very well. Poor hearing can also affect the child's ability to learn language. Many children who appear to have speech problems actually have problems in hearing that keep them from imitating sounds correctly.

Motor functioning or the child's ability to control his muscles is generally broken down into two areas--gross and fine. Gross motor functioning includes coordination of muscles that control large body movements such as walking, throwing, jumping and skipping. Fine motor functioning includes coordination of muscles that control small

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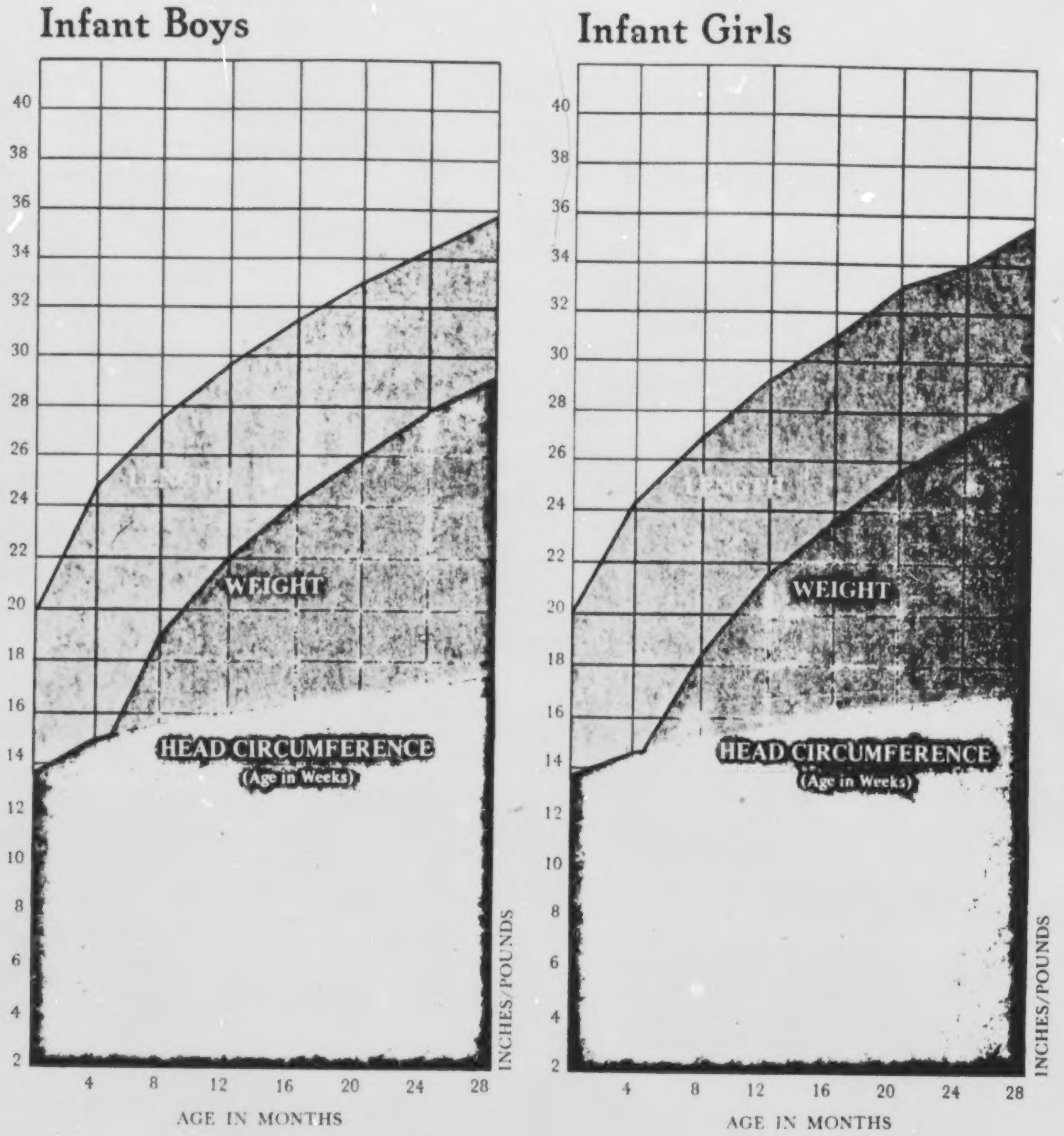
[2] Obtained from How Children Grow (1972).

Average Physical Measurements

Black lines indicate 50 percentile.

Figure 1



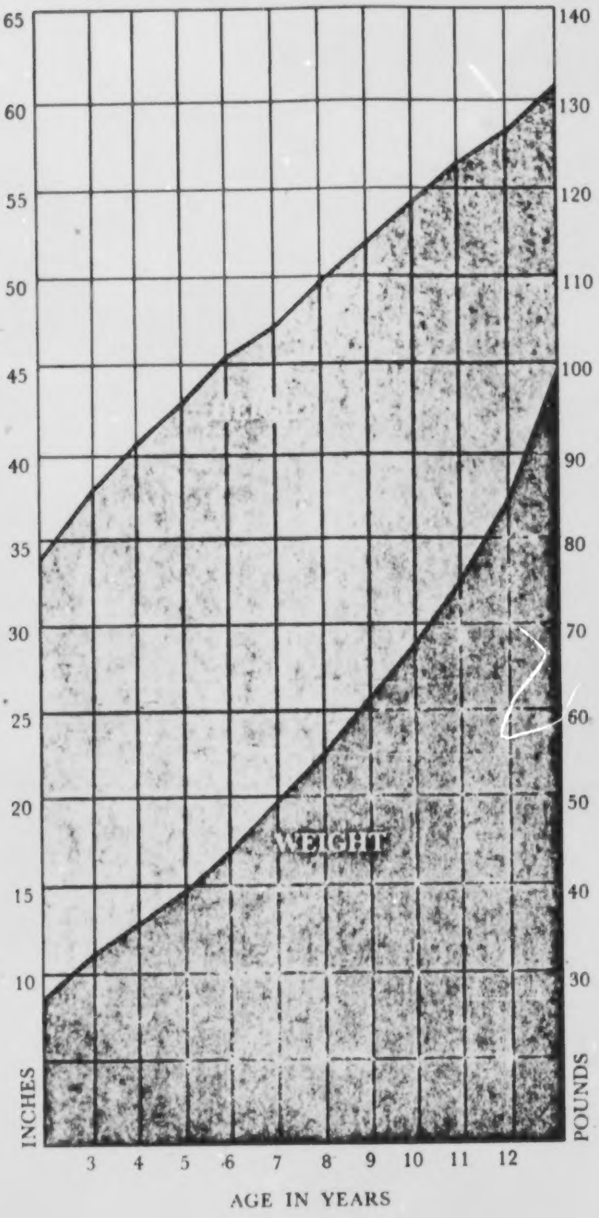
Infant Boys

Infant Girls

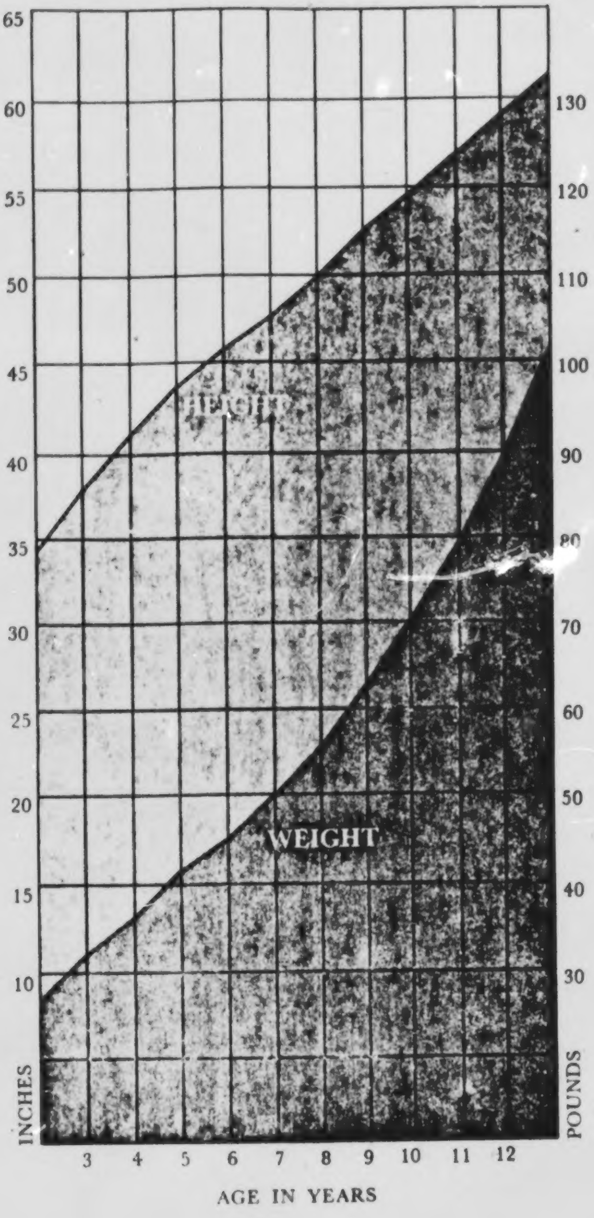
Average Physical Measurements

Black lines indicate 50 percentile.

Figure 2



Boys (2 yrs. or older)



Girls (2 yrs. or older)

body movements such as manipulation with the fingers, necessary in writing or drawing; and mouth and tongue movements necessary for speech. As a later section will more graphically explain, gross motor control tends to develop first in the child, followed by fine motor control, or in other words, the child learns to control his neck, arms, and legs before being able to control his fingers, toes, mouth, and tongue movements. This is especially noticeable when the child begins exploring his environment without the fine motor control that would allow him to match his joy in learning with care in handling small objects.

Another important aspect of a child's physical development that tends to influence the rest of his development is his physical attractiveness. Research has shown that the attractive child is often treated more favorably by both adults and other children than his less attractive schoolmate. Thus, even at an early age the attractive child begins to develop a higher self concept because of this favorable treatment. Conversely, the child who is not quite as attractive is not as favored in interpersonal relationships and must work harder for the attention he receives.

Sexual development[3]--Although children, to some extent, are sexually aware from birth, they probably do not develop any concept of sexual identity until they become toddlers. At this time they begin to grasp the concepts of sexual identity and begin to develop basic forms of sex role behavior. Children learn appropriate sex role behavior through the observation of same sexed models and the encouragement of other persons in the environment. If no appropriate models are availabe, the child can become confused as to appropriate sex role behavior.

Sexual identity and sex role behavior should be further refined during the preschool years until when the importance of peer groups occurs during the early school years, the child becomes involved with a "same sexed" peer group.

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[3] For a more detailed description of human sexual development refer to: Gadpaille, W.J., The Cycles of Sex (New York: Charles Scibner's Sons, 1975).

Usually somewhere between the ages of nine and fourteen, the child's body begins a complex series of hormonal changes which not only affect the child's body, but also his emotional responses. Puberty refers to the specific biological and anatomical series of changes which culminate in reproductive capacity (Gadpaille, 1975).

Adolescence has been defined as the psychological and socio-cultural response to puberty. Adolescence, however, varies a great deal according to the age at which the child reaches puberty, the child's social and emotional well-being prior to puberty, the family's reaction to the child's sexual maturation and a hosts of other related factors. Although not an easy period for the child, as well as the parent or caregiver, adolescence is a necessary transition period from childhood to adulthood.

B. Cognitive Development

In the area of cognitive development there is concern not only with what a child has learned, but also the way he goes about fitting new learning into the ideas which have already been formalized. In the beginning the child is largely concerned with determining the relationship between himself and the rest of the world, i.e., what is part of him and what is the crib that he lies in. As the child grows older, however, his increased ability to remember what has gone on before enables him to build basic concepts. He begins to be able to discover spatial relationships between things.

Through his experiences, the child learns the concepts of place (over, under, behind, inside, etc.), size (big, little, etc.), weight (heavy, light, etc.), and many more. This conceptual part of cognitive development is of the utmost importance because the child is building his conceptions of the real world. From these conceptions, the child will be able to distinguish the real from the imagined. The child needs many practical experiences with the world about him along with appropriate verbal explanations from adults. This will enable him to build an understanding on a verbal level of the abstract ideas that pull his physical world together.

While engaged in concept formation, the child is concerned with classifying general groupings of things that are alike in some way and discovering the relationship between the things that are placed within the given classes. For example, he learns that geometric shapes with four equal sides and four equal angles are squares, but these objects can vary in size and still be classified as squares. He also finds relationships between the different classes themselves. For example, the child discovers that a red and a blue truck are different because they are different colors, but alike because they are both trucks.

As the child grows older he gains increased reasoning power. He begins to understand the basics in the cause-effect relationship of things. Later the child will learn that ideas can be accepted on a tentative basis and explored from different points of view. Table 1 summarizes five substages in cognitive development proposed by the major theorist in the cognitive area, Jean Piaget.

C. Social Development

An extremely important area of development, social development, refers to the knowledge and skills that a person possesses that enable him to interact in a meaningful way with others. Often called the child's personality, social growth encompasses the values that determine if a behavior is "right or wrong," the feelings of self worth that a child gains from positive experiences with others, and the behavior skills that enable a child to interact in a successful way with other people in his environment.

Children, for the most part, learn their social skills by using the behavior of people who are important to them as models to go by. The old adage "do as I say, not as I do" unfortunately is wishful thinking on the part of the speaker. Children, as a whole, tend to behave in amazingly similar ways to the way their parents and other significant persons behave. In addition, research has

Table 1

Cognitive Development - Piaget

Phase	Approximate Age	Sub-stage
Sensory Motor Thought	0-2	The child learns to differentiate "self" from the rest of the environment and realizes that he can "do something" to another object, i.e. push a toy and it moves.
Pre-Operational Thought	2-4	Preconceptual - Imitation of other's behavior is very important. Language is used a great deal but the child often thinks that others understand his thoughts without his trying to convey them. Language may have a different meaning for the child than for the adult
	4-7	Intuitive - Child employs words to give reason for what he does without truly understanding all implications. Tends to jump to conclusions with very little information. Begins to realize that others have a point of view. May attribute life to all objects with motion.
Operational Thought	7-11	Concrete Operational Thought - Can deal logically with concrete information about the world. Can experiment with several possible outcomes as long as he can observe the experimentation. Can give an explanation regarding misbehavior and proper punishment.
	11 to 14 and older	Formal Operational Thought - Can deal with thoughts on an abstract level. Can perform experiments with ideas, take several positions and argue effectively from each position.

shown that the basic "values" that underlie behavior are learned by the time the child reaches the age of five or six years. The child then tests these values against the values of his peers and the rest of his world as he reaches school age.

Often problems in social development greatly affect the level of development in other areas. For example, a child who is engaged in disruptive or withdrawn behavior cannot function to his fullest potential. Many problems in learning, for instance, occur because the child is emotionally unable to cope with the environment in which he is placed.

D. Language Development

Language development or the development of verbal communication is a highly valued area of development in our society. Research indicates that one of the best predictors of success in our society is the extent to which a person can verbalize his thoughts and feelings.

Children learn language from adults and children in their surroundings. Some children have been exposed to language at home that enables them to easily communicate in situations outside the home. Other children are exposed to language that may be easily understood at home, but does not allow for easy communication in the outside world. For example, a child that speaks a Mexican-American dialect of English may find it difficult to communicate in school and may be frustrated in the attempt.

The language that is used in communication involves certain rules of syntax, grammar, and complex sentence structure. Everyone that a child comes into contact with is a potential model for correct speech. For this reason, it is important for everyone dealing with children to speak in complete sentences using correct grammar and syntax.

The child should also be encouraged to verbalize his thoughts and feelings so that he can begin to feel comfortable on a verbal level of communication. If a child can effectively control his environment by crying, grabbing, or physical aggression, he is not being encouraged to deal on a verbal level.

E. To the Trainer

A forty minute cassette color video tape entitled Developmental Needs of Children by Dr. Minta Saunders,[4] is suggested as a training resource. The tape covers four major developmental needs:

1. Children need someone with whom to establish a relationship of love and trust; someone to make their world secure.

2. Children need healthy bodies brought about by good nutrition, health care, and an environment that is safe from harm.

3. Children need an environment that encourages learning through exploration and healthy personality development by providing good models to go by.

4. Children need the security that comes with good disciplinary practices.

The tape can best be utilized by stopping the action frequently to emphasize certain parts and allow time for questions.

F. Summary of Growth and Development

By way of summarizing the "normal" sequence of development in most children, the following charts[5] are provided. It cannot be over emphasized that the following charts offer a general guide and should not be interpreted in a rigid sense. Many children may appear to fall behind in a given area for a short time while another area is concentrated upon and may "catch up" in a short period of time.

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[4] Available from Regional Institute of Social Welfare Research, Inc.

[5] The following charts were combined from these sources: Caplan (1973) and McCandless and Evans (1973).

For instance, a baby may not walk until fourteen months, but may begin to talk at 10 months. This does not mean that he is falling behind in the physical development area. It only means that he is concentrating most of his energy on learning how to talk. Summary charts like the following are best utilized as a general guide to the development of children not as a diagnostic tool for assessing the "normality" of a given child. This sort of assessment should be left to the trained professional with a valid set of assessment instruments.

BIRTH - ONE MONTH

PHYSICAL	COGNITIVE	SOCIAL	LANGUAGE
Ave. Birth size: 7-8 lbs. 20 in.	Prefers patterns to any color, brightness, or size.	Quiets at being held or seeing faces.	Cries Produces small throaty sounds.
Neck muscles very weak, requires support when being held.	Alert about one out of ten hours. Vague and indirect regard and expression most of waking hours.	Cries deliberately for assistance. Adjusts posture to body of person holding him.	
Ave. # of feedings: 5-8 day			
Makes basic distinctions in vision, hearing, smelling, taste, touch, temperature, and perception of pain.			
Basic reflexes present such as crying when in pain or hunger, grasp an object put into hands, turn head aside to free nose for breathing when placed front down, follow a moving object with eyes, suck and swallow to eat.			
Sleeps as much as 20 hours a day.			

ONE - SIX MONTHS

PHYSICAL	COGNITIVE	SOCIAL	LANGUAGE
Can lift head for a short period of time.	Has memory span of five to seven seconds.	Responds to and enjoys handling.	Cries, coos, and grunts.
Enjoys sitting for a short time and keeps head erect, head bobs (2nd month). Head can be held steady (4th month).	Discriminates faces from patterns.	Smiles to a familiar face.	Begins to make speech type sounds and repeat sounds that are heard, especially vowel sound.
Beginnings of hand eye coordination. May be able to make a crude grasp by the end of the 4th month.	Begins to separate himself as an entity from the rest of the environment.	Shows distress, excitement, delight.	Responds to human sounds by turning head.
Can turn head in all directions to explore visually.	Very interested in things which are similar to but slightly different from things that have had experience with.	Shows fear and anger.	
Vision, sees in color lens focuses to objects at varying distances.	If baby can't see something it doesn't exist.		
Rolls from stomach to back by 5 months.			

SIX - TWELVE MONTHS

PHYSICAL	COGNITIVE	SOCIAL	LANGUAGE
Develop gross motor control necessary to sit by themselves, crawl, pull up on furniture, stand holding on, creep, and walk with help.	Searches behind a screen for an object if he is looking at it when it is hidden (8 months).	Begins to develop strong attachments with caregivers. With this comes separation anxiety (6-9 months).	Begins to listen intently to what is being said to them.
Uses thumb and forefinger to grasp an object and can release an object with some control.	Begins imitating people and events out of sight and earshot.	Recognizes self in mirror.	May come up with a few simple words, Mama, Dada, Bye-Bye, etc.
From 10-12 months begins to be able to throw objects.	Begins imitating a learning style, combines known bits of information into a new act.	Sense of self different, different things; beginning of self concept developing.	Understands, "No" and uses it (about 11 months).
Help dress self; holds out arm for coat, etc.	Anticipates reward for successful completion of behavior (about 9 months).	A great deal of curiosity.	
	Can keep series of ideas in mind.	May fear strangers.	
	Enjoys exploring materials to learn about their make up.	Plays pat-a-cake.	
	Learns properties of things, meows-kittens, barks-dog.		

ONE - TWO YEARS

PHYSICAL	COGNITIVE	SOCIAL	LANGUAGE
Begins walking, further develops skills so the child can hold objects when he is walking; can speed up and trot but often runs into things.	Memory much more developed.	Independently explores environment.	Words used to represent tangible things; one word function as a complete sentence (12-18 months).
Learns climbing and is able to creep up stairs.	Has sufficient spatial concepts to put together simple puzzles.	May become very upset if separated from mother.	By two years uses two and three word sentences.
Can ride simple wheel toys but not pedal.	Is able to conceptualize actions "in his head" before the behavior.	May begin temper tantrums.	Learns words fastest when they are used more often and in different context.
Can draw lines with crayon, may enjoy nonproduct art work.		Does opposite of what he is told (18 months).	Vocabulary of about 200 words (2 yrs.).
By 2 years can finish undressing if started the right way.			
Voluntary control of bladder and sphincter muscles readying for toilet training (18-24 months).			
Feeds himself.			

TWO - THREE YEARS

PHYSICAL	COGNITIVE	SOCIAL	LANGUAGE
Able to walk on tiptoe; jump off of a chair; stand on one foot; run well; walk backward; begin to be able to walk without looking at feet.	Enjoys taking things apart.	Becoming more self reliant.	Language is most striking growth during this period.
Can alternate feet walking upstairs but must bring both feet together walking downstairs.	Begin to learn principles of organization, can classify an object based on one criterion (i.e., all babies, all houses, all trees).	Differentiates facial expressions of anger, sorrow, and joy.	Increase of words from about 200 to 900.
Can throw, kick, and catch a ball using both arms and body.	Realizes that all objects have certain attributes.	Becomes frustrated when can't do everything tried.	Starts to use short sentences.
Can pedal and steer tricyle.	Learns representation of the world through language symbols.	May pitch temper tantrums.	Begins to understand time words and by 3 can use the past tense.
Small motor increases enable the child to play with puzzles, use crayons and pencils better, and string beads on a shoelace.		Not comfortable about change in routine.	Understand a good deal more of what is being said than can communicate.

TWO - THREE YEARS
(Cont.)

PHYSICAL	COGNITIVE	SOCIAL	LANGUAGE
Can begin to put on clothes with help.		Imitate behaviors of others.	Stuttering may appear briefly.
Can wash and dry hands.		Possessive about toys.	
Getting better at feeding himself.			

THREE - FOUR YEARS

PHYSICAL	COGNITIVE	SOCIAL	LANGUAGE
Can walk down steps, alternating feet.	Learns that parts are put together to make a whole.	Begins to understand that others have feelings.	Has language to find out about things; period of many questions.
Run smoothly and quickly.	Understands spatial relationships (i.e., over there, in back of, etc.).	Develops strong attachments and sympathize with others.	Increases vocabulary from 900-1550 words during the year.
Hop on one foot.	Recognizes likeness and difference and can group things together on that basis.	Learns to share and take turns.	Produces longer sentences.
Walk backward, forward, and sideways.	Begins to make up stories and fantasizing heavily.	Learns to verbalize problems and look for solutions rather than negative behavior.	Learns rule of plural by adding "s".
Good enough pencil grasp to copy capital letters, copy a circle, square, and triangle and print own name if desired.		Begins to develop sexual identity.	Learns that "ed" means a past event.
Can dress themselves including shoes but can't tie shoes.		By the end of the period the child's self concept is well developed.	Learns names of at least two colors.

FIVE - TWELVE YEARS

PHYSICAL	COGNITIVE	SOCIAL	LANGUAGE
Physical development increases steadily.	Can classify objects on basis of one criterion (i.e., shape, color or size) [5-6 yrs.].	Increased influence of peers and more independent of parents. Very concerned about being a member of a group (7-11 yrs).	Increase of word useage brought about by school exposure and ability to read.
First permanent teeth come in about 6 years.	Major influence of ability to read; learning can then become self programmed.	Basic emotions all established.	Can use language to express displeasure and to settle dispute.
Sports and other physical games are very popular.	Understands properties of matter and liquids (7 years).	Clearly recognizes that others have points of view different from his own.	Increased ability to write brought about by school exposure and greater small motor development.
Major increase in growth (10-12 yrs.).	Can classify objects based on more than one criteria (7 yrs.).	Increased social relationships with peers through school contact.	
Small motor development increased to enable product oriented art and writing.		Rules formulated in the home are tested out in peer setting.	
		Self concept largely ruled by peer group.	

APPENDIX

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MODULE VI

Physical Neglect and Abuse

I. Introduction

A. Instructions to the Trainer

The content in this module is designed to present an overview of what physical neglect and abuse are. This is done through an examination of definitions of the terms and looking at more specific aspects, such as indicators and characteristics of parents involved. The content is basic and should be presented as a beginning exploration into what constitutes neglect and abuse.

Reference is made to several so-called model definitions. These are used to provide a perspective concerning the topics. It is important to emphasize the model aspects and to compare and relate these aspects to what is actually defined in respective and pertinent state laws and agency policies.

The techniques suggested for presenting the material are primarily lecture and audio-visual. Trainees should have available to them copies of relevant laws and policies. Group interaction and discussion would be useful in some parts of the presentation, particularly in relation to the role of the child in abuse, and the social and cultural factors to consider in neglect and abuse situations. One suggested activity is to utilize awareness exercises to help trainees become sensitive to their own feelings. An example of one awareness exercise is in Appendix 1.

The time to be allowed for a presentation and discussion of the content and audio-visual aids obviously will vary from session to session. If group exercises are used and if films or filmstrips support the lecture, the time to cover the content could be 6 or more hours.

Much of the content is "standard"--that is, it appears to be accepted by the majority of professionals and appears frequently in resources utilized in background preparation. As such it does not lend itself for extended debate and the trainee should be encouraged to incorporate it as a basic foundation.

Knowing how to define abuse and neglect and other related factors is of prime importance. It helps to form the knowledge base for intervention and prevention. Equally significant is knowing when to utilize the knowledge base in relation to the protective services system and particularly in relation to case management.

The format of this module is based on the use of the process requirements of case management. As such the ability to identify (define) abuse and neglect has a key spot early in case management. In a logical sequence, the module should be utilized in the process requirement identified as Evaluation. A major emphasis of such is suggested.

Cases of child abuse and neglect are usually complex. For this reason, and because many times there is uncertainty about when, how and where to use available knowledge and techniques, the chances for error and complication are high. There is a need, therefore, for defining when and how to apply knowledge. By giving form to content, the case management process represents an attempt to respond to this need.

B. Background

There is always a need to define--or at least attempt to define--terms and processes related to those terms. This is particularly true in relation to social problems and services. The need to define terms is perhaps more important in protective services than in any of the major social services. The issues involved are often more critical and sensitive chiefly because intervention has far greater implication, consequence and potential impact. Consequently, the definition of terms and concepts also becomes complicated and issue prone.

The effort to define becomes more complex because of the controversial issues (individual rights vs. rights of societal intervention; children's rights vs. parental rights; "cures" more damaging than causes; etc.). In addition to controversial issues there are complications resulting from competive ideas about method (e.g., standardization vs. variation; variously advocated models for service provision, schemes for prevention, and so forth).

In spite of all these issues and aspects, along with untold others, some guidance is needed by agencies and staff involved with the issues. These may be agencies primarily responsible for receiving and evaluating reports. They may be agencies relating to abuse and neglect from other administrative or program points of view. In either case, something definitive is needed. The major focus in this chapter is to help provide some definitive statement of the problems.

Two points need emphasis at this juncture:

1. This material is not an effort to "reinvent the wheel." Many sources exist which define generally--or specifically--what physical abuse and neglect are. Some of these sources are used, and appropriate references are made to the sources. Some additional emphasis or interpretation may be provided.

2. Trainers and trainees alike need to be aware of what defining can do. The following comments illustrate this point.

    a. Defining problems is not always a neutral, intellectual process. We define problems because they bother us, our group, or our society. The defining of a problem also implies a need to or in fact produce a change in a situation (e.g., an alcoholic becomes an abstainer; a welfare recipient goes to work; a child abuser stops the abusive behavior).

    b. As such we need to give consideration to the "definers." They are usually the power groups and their agents, and are almost

> always those who are not involved or afflicted with "the problem." For example, the problem of addiction is defined by the non-addict; the problem of poverty by the non-poor; the problem of unemployment by those who are working (Gottesfeld, et. al., 1973, p. 271).[1]

The relationship between the definer and the "problem" has major importance in relation to child abuse and neglect. Considerable attention and care need to be given to the background and relative nature of definitions, particularly in relation to indicators, parental characteristics, causes.

If there are definitions for abuse and neglect that have a less relative character, perhaps they are those in state laws. Because of this more certain status, specific concentration should be given to them.

C. Resource Materials

1. We Can Help..., A Curriculum on the Identification, Reporting, Referral and Case Management of Child Abuse and Neglect; NCCAN, Children's Bureau, OCD/OHD/DHEW, 1976. (Units 1-6 including audio-visual resources)
2. Model Child Protective Service Act (DRAFT); NCCAN, Children's Bureau, OCD/OHD/DHEW, 1976.
3. CWLA Standard for Child Protective Service, Revised Edition; 1973, CWLA, New York.
4. Child Neglect: Understanding and Reaching the Parent; Norma A. Polansky, Christine DeSaix, Shlomo A. Sharlin, CWLA, 1972, New York.
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II. Content: Physical Abuse and Neglect

A. Model Definitions

As mentioned at the beginning, there is a need to define what child abuse and child neglect mean. Despite what some may call progress in this direction, the debate goes on. In that definitions of this kind reflect both fact and value, it is certain that both terms will continue to mean different things to different people.

At the root of the problem is the unresolvable dilemma of a need to be both precise and yet general enough to be widely accepted. This criterion of usefulness, whereby definitions cannot be too broad or too narrow, places efforts to define abuse and neglect into context. For one thing, it is clear that no single professional or administrative approach is sufficient. Terms are defined on the basis of government or profession type and function, the most prominent of which are those legislated into law.

The following definitions are presented by way of illustrating these points and to provide a basis for comparison during training. Of course, the fullest emphasis must be given to the laws of the State in which this curriculum is applied.

1. Model Child Protective Services Act (DRAFT)

   Section 4. Definitions

   When used in this Act and unless the specific context indicates otherwise:

   (a) "Child" means a person under the age of 18.

   (b) An "abused or neglected child" means a child whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of his parent or other person responsible for his welfare.

(c) "Harm" to a child's health or welfare can occur when the parent or other person responsible for his welfare:

    (i) Inflicts, or allows to be inflicted, upon the child, physical or mental injury, including injuries sustained as a result of excessive corporal punishment; or

    (ii) Commits, or allows to be committed, against the child, a sexual offense, as defined by state law; or

    (iii) Fails to supply the child with adequate food, clothing, shelter, education (as defined by state law), or health care, though financially able to do so or offered financial or other reasonable means to do so; for the purposes of this Act, "adequate health care" includes any medical or non-medical health care permitted or authorized under state law; or

    (iv) Abandons the child, as defined by state law; or

    (v) Fails to provide the child with adequate care, supervision, or guardianship by specific acts or omissions of a similarly serious nature requiring the intervention of the child protective services or a court.

(d) "Threatened harm" means a substantial risk of harm.

(e) "A person responsible for a child's welfare" includes the child's parent; guardian; foster parent; and employee of a public or private residential home, institution or agency; or other person responsible for the child's welfare.

(f) "Physical injury" means death, disfigurement, or the impairment of any bodily organ.

(g) "Mental injury" means an injury to the intellectual or psychological capacity of a child as evidenced by an observable and substantial impairment in his ability to function within a normal range of performance and behavior, with due regard to his culture.

2. Child Welfare League of America

In the CWLA's Standards for Child Protective Services, Revised Edition (1973) there are no definitions, per se, of abuse and neglect. However the Standards do mention conditions or situations for which protective services should be given (CWLA Standards, p. 12).

The child in whose behalf protective service should be given is one whose parents or others responsible for his care do not provide, either through their own resources or through available community resources, the love, care, guidance and protection a child requires for healthy growth and development; and whose condition or situation gives observable evidence of the injurious effects of failure to meet at least the child's minimum needs.

It is presumed that physical, emotional and intellectual growth and welfare are being jeopardized when, for example, the child is:

a. Malnourished, without proper shelter or sleeping arrangements;

b. Without supervision or unattended;

c. Ill and lacking essential medical care;

d. Physically abused;

e. Sexually abused or exploited;

f. Denied normal experiences that produce feelings of being loved, wanted, secure and worthy (emotional neglect);

g. Emotionally disturbed due to continuous friction in the home, marital discord, mentally ill parents; and

h. Exploited, overworked, exposed to unwholesome and demoralizing circumstances.

3. In trying to define terms or problems, some considerations might be helpful regarding other emphases. One is illustrated by the use of the term "maltreatment." Maltreatment moves away from the more specific kinds of problems and encompasses a greater range of difficulties. An example of such an approach follows, taken from Somewhere A Child Is Crying, V.J. Fontana.[2]

> "Although we realized that is was useful, from the point of view of diagnosis and treatment, to be able to categorize physical abuse as one thing and neglect as another, we felt that such a distinction was really of little value to the child in need of help. What we were concerned with was the child who was maltreated in any way. Any treatment by which a child's potential development is retarded or completely suppressed, by mental, emotional or physical suffering, is maltreatment, whether it is negative (as in deprivation of emotional or material needs) or positive (as in verbal abuse or battering)."

4. One of the earliest efforts to define physical abuse more specifically developed in the medical/clinical setting. In 1962 "the battered-child syndrome" was recognized. Since then its original meaning has been expanded.

> "Our view of "the battered child" is one that encompasses the total spectrum of abuse...this spectrum has now extended beyond the early and mild case of physical abuse to the point of early recognition of those parents who have the potential to abuse their small children. The confusion and lack of definition have limited communication between those working in the field and often are the

primary sources of misunderstanding among those who wish to define the problem more clearly.

Our definition of the battered child is:

> "Any child who received nonaccidental physical injury (or injuries) as a result of acts (or omissions) on the part of his parents or guardians."[3]

Summary

The definitions presented above illustrate the variations and similarities in the effort to define physical abuse and neglect. There are other related aspects to be considered in defining the problem more comprehensively. Other factors must be considered including, the gap between the child's rights and his/her actual circumstance; the role of the child in an abuse and neglect situation; the idea of abuse as social deviance;[4] the conception of "at risk" children and those "in need" of service.

Under numerous influences, the definition of abuse and neglect has gone through a series of patterns and changes. Most noticeably, the once more narrow concept have been expanded. The availability of more and more data impact the way we define what we see. Issues continue to be raised about how the problems can be defined in a way that makes intervention and perhaps prevention more possible. At the same time the bind continues between a broad interpretation of a child's right to as stress-free life as possible and the willingness or capacity of parents, and society, to provide such.

B. Legal Definitions

From the standpoint of defining abuse and neglect perhaps a more narrow approach is represented by legal definitions. This is not to suggest something negative; it is a matter of necessity. As such the protective services worker must be very familiar with state laws governing the acts of abuse and neglect. Legal definitions include those in criminal statutes as well as in family courts (or their parallel). They also include the reporting law in each state.

Some examples of legal definitions follow but the manual content simply is to illustrate the laws. It will be necessary for trainers to have specific laws available for trainees. However, several general points need emphasis regarding the legal definitions, particularly the reporting laws.

1. The legal definitions--the laws--represent the primary method through which intervention and reaction regarding child abuse and neglect occur. The process is on a continuum that can range from a report of minimal neglect to the imprisonment of adults for abusive and/or neglectful behavior. For the protective services worker the laws provide a basis for intervention and provision of required assistance.

   The reporting law is a major--if not the most--critical process for intervening. Some basic components to emphasize are as follows. (The reporting laws are discussed more comprehensively in the module on child abuse reporting laws.)

   a. The law defines the age of the child for which reports are to be made. Over the years there has been some effort to standardize ages for which children are considered minors and typically the age limit ranges between 17-18 years.

   b. The law denotes the agency to which reports are made. In most states this is the local unit of the social services, human resources, public welfare, etc. department. These departments are generally responsible for receiving the reports and acting on them. Often there are provisions allowing for reporting to law enforcement agencies when necessary.

   c. The law may specify the content of the report. It can include information such as names, addresses of children and parents, child's age, nature of the problems and other information helpful in assessing the situation.

d. The law indicates who must report and others who can report. Generally those who must report are professionals in medicine, education, law enforcement, social services. Often the law provides for allowing reports by anyone else. Additionally the law cites the immunity from liability if the report is made in good faith. Some laws also include penalties for those required to report and failing to do so.

The reporting laws need to be clearly understood as to intent and implications. A close examination of the law should occur in conjunction with the same scrutiny of the appropriate family or juvenile court codes.

2. Public Law 93-247

P.L. 93-247, passed in 1974, was the first effort at the congressional level to define abuse and neglect. The law is designed to proved assistance in preventing, identifying and treating child abuse and neglect from a national/federal perspective. As such the law and its definitions have a broader purpose. The definition of child abuse and neglect in the law is as follows:

a. Sec. 3. For purposes of this Act the term "child abuse and neglect" means the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Secretary.

The regulations issued pursuant to the law define the terms as follows:

1340.1-2 Definitions.

(1) "Child abuse and neglect" means harm or threatened harm to a child's

health or welfare by a person responsible for the child's health or welfare.

(2) "Harm or threatened harm to a child's health or welfare" can occur through: Non-accidental physical or mental injury; sexual abuse, as defined by State law; or negligent treatment or maltreatment, including the failure to provide adequate food, clothing, or shelter. Provided, however, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent.

(3) "Child" means a person under the age of eighteen.

(4) "A person responsible for a child's health or welfare" includes the child's parent, guardian, or other person responsible for the child's health or welfare, whether in the same home as the child, a relative's home, a foster care home, or a residential institution."

(*Federal Register*, Wednesday, August 28, 1974, Vol. 39, No. 168, Washington, D.C.)

C. Other Legal Definitions

As noted earlier the reporting laws are not the only definitions in state laws regarding abuse and neglect. Attention needs to be devoted to these additional laws. Further content regarding laws is contained in the content on reporting laws, the rights of children and parent and the reference handbook for attorneys.

Though not a law, the definitions regarding protective services in Title XX state plans (CASSP) also need to be reviewed. Generally the Title XX definition of protective services does not define abuse or neglect but it does provide additional basis and support for intervention and service delivery.

D. Indicators of Neglect and Abuse

The efforts to intervene in situations of abuse and neglect do not begin with definitions of the terms alone. Once a definition is established and accepted, by virtue of legal standing or other bases, the need to identify situations within the definitional context arises. In other words, the definition by itself is of little value unless some indicators also are identified.

Much like definitions there are a multiplicity of ideas regarding indicators of abuse and neglect. There are long lists, specific criteria, involved techniques, etc., etc. This part of the content deals with the major indicators usually found in resource material, separating neglect and abuse for individual consideration.

1. Indicators of Physical Neglect

Neglect as a problem related to children is a longstanding and continuing issue. It is generally agreed that the incidence of neglect is far greater than that of physical abuse and often is a problem requiring much judgment and longer time to correct (in the sense of service delivery). Neglect is generally regarded as the results of parental or caretaker omission rather than an act of commission.

Neglect is usually defined in terms of chronicity. (It should be stressed that the idea of chronicity may not be defined absolutely and the element of human judgment intervenes again.) The definition generally relates to the lack of necessary physical support for a child, though increasing attention is devoted to emotional neglect also. Child-rearing practices appear to be weak, inadequate and sometimes dangerous.

How neglect is defined is not only a matter of legal record. It may be more critical from the the standpoint of the local community. Neglect often is one thing in one location and something different elsewhere. It is a deviation from the child-rearing practices generally regarded as adequate and specifically expected in particular states or communities (which perhaps raises the head of another major issue, that being the neglect caused by the community).

The definition of neglect may be imprecise, lacking in all details, changed from community to community. There are some generally accepted guidelines--indicators-which help to identify potential neglect situations. These are provided below along with references from which they are taken.

a. Child Abuse and Neglect: The Problem and Its Management, Volume I--An Overview of the Problem, NCCAN, Children's Bureau, OCD/OHD/DHEW, 1975, p. 8-9.

Physically neglected children tend to exhibit at least several of the characteristics below:

(1) They are often hungry. They may go without breakfast, and have neither food nor money for lunch. Some take the lunch money or food of other children and hoard whatever they obtain.

(2) They show signs of malnutrition--paleness, low weight relative to height, lack of body tone, fatigue, inability to participate in physical activities, and lack of normal strength and endurance.

(3) They are usually irritable.

(4) They show evidence of inadequate home management. They are unclean and unkempt; their clothes are torn and dirty; and they are often unbathed. As mentioned earlier, they may lack proper clothing for weather conditions, and their school attendance

may be irregular. In addition, these children may frequently be ill and may exhibit a generally repressed personality, inattentiveness, and withdrawal.

(5) They are in obvious need of medical attention for such correctable conditions as poor eyesight, dental care, and immunizations.

(6) They lack parental supervision at home. The child, for example, may frequently return from school to an empty house. While the need for adult supervision is, of course, relative to both the situation and the maturity of the child, it is generally held that a child younger than 12 should always be supervised by an adult or at least have immediate access to a concerned adult when necessary.

(7) Their parents are either unable or unwilling to provide appropriate care. Some neglecting parents are mentally deficient; most lack knowledge of parenting skills and tend to be discouraged, depressed, and frustrated with their role as parents.

b. Norman A. Polansky, Christine DeSaix, Shlomo A. Sharin; Child Neglect: Understanding and Reaching the Parent, CWLA, 1972, pp. 4-5.

The publication is a discussion of research in the mid-sixties focused on families in north Georgia and western North Carolina. The introductory comments regarding the problem of neglect cite criteria used at that time by the Children's Division of the American Humane Association.

It is presumed that physical, emotional and intellectual growth and welfare are being jeoparidized when, for example, the child is:

(1) Malnourished, ill clad, dirty, without proper shelter or sleeping arrangements;

(2) Without supervision, unattended;

(3) Ill and lacking essential medical care;

(4) Denied normal experiences that produce feelings of being loved, wanted, secure and worthy (emotional neglect);

(5) Failing to attend school regularly;

(6) Exploited, overworked;

(7) Emotionally disturbed due to constant friction in the home, marital discord, mentally ill parents;

(8) Exposed to unwholesome and demoralizing circumstances.

c. We can Help ... A Curriculum on the Identification, Reporting, Referral and Case Management of Child Abuse and Neglect, NCCAN, Children's Bureau, OCD/OHD/DHEW, 1976, Unit Four, pp. 23-24.

The NCCAN curriculum provides a resource outline which gives a brief listing of indicators for physical neglect. They are:

(1) Abandonment

(a) Children who are abandoned totally or for long periods of time.

(2) Lack of supervision

(a) Children who are inadequately supervised for long periods of time or when engaged in dangerous activities.

(b) Children left in the care of other children too young to protect them.

(3) Lack of adequate clothing and good hygiene

(a) Children dressed inadequately for the weather or suffer persisent illnesses like pneumonia or frostbite or sunburn that are associated with excessive exposure.

(b) Severe diaper rash or other persistent skin disorders resulting from improper hygiene.

(c) Children who are chronically dirty and unbathed.

(4) Lack of medical or dental care

(a) Children whose needs for medical or dental care or medication and health aids are unmet.

(5) Lack of adequate education

(a) Children who are chronically absent from school.

(6) Lack of adequate nutrition

(a) Children lacking sufficient quantity or quality or food.

(b) Children who consistently complain of hunger or rummage for food.

(c) Children who suffer severe developmental lags.

(7) Lack of adequate shelter

(a) Structurally unsafe housing or exposed wiring.

(b) Inadequate heating.

(c) Unsanitary housing conditions.

d. Summary

Indicators are to be regarded as just that--clues, hints, characteristics, etc. In themselves, they may not mean that neglect (or abuse) is present. It becomes necessary to evaluate all the information carefully before reaching a final conclusion or making the next decision.

As is the case in just about every aspect of child neglect and abuse, there are more issues and elements to consider than any single indicator might raise. Neglect is closely associated with parental behavior that often is described as failure. Though failure is frequently a chief cause, there are other aspects to consider, e.g., the community's standards, varying cultural traits, the gaps in education, lack of training for parenthood, economic conditions, etc., etc.

2. Indicators of Physical Abuse

Physical abuse is defined primarily in relation to injuries inflicted on a child by the parent or caretaker. Elements of degree and intent are parts of the definition and should be given consideration as suspected situations are evaluated. Again, to make the most appropriate evaluation, it becomes essential to be able to identify physical abuse.

As with physical neglect, there are many suggested indicators, primarily because of the concentrated efforts around physical abuse in recent years. The indicators which seem most appropriate are provided below.

a. We Can Help...A Curriculum on the Identification, Reporting, Referral and Case Management of Child Abuse and Neglect, NCCAN, Children's Bureau; Unit Three, pages 16-17.

The NCCAN curriculum presents an outline of the major indicators of physical abuse. The outline highlights general categories and cites some specific examples, as follows:

(1) Bruises and welts

- (a) Bruises on any infant, especially facial bruises.
- (b) Bruises on the posterior side of a child's body.
- (c) Bruises in unusual patterns that might reflect the pattern of the instrument used, or human bite marks.
- (d) Clustered bruises indicating repeated contact with a hand or instrument.
- (e) Bruises in various stages of healing.

(2) Burns

- (a) Immersion burns indicating dunking in a hot liquid ("stocking" burns on the arms or legs or "doughnut" shaped burns of the buttocks and genitalia).
- (b) Cigarette burns.
- (c) Rope burns that indicate confinement.
- (d) Dry burns indicating that a child has been forced to sit upon a hot surface or has had a hot implement applied to the skin.

(3) Lacerations and abrasions

- (a) Lacerations of the lip, eye, or any portion of an infant's face (e.g., tears in the gum tissue which may have been caused by force feeding).

(b) Any laceration or abrasion to external genitalia.

(4) Skeletal injuries

(a) Metaphyseal or corner fractures of long bones--a kind of splintering at the end of the bone (these are caused by twisting or pulling).

(b) Epiphyseal separation--a separation of the growth center at the end of the bone from the rest of the shaft (caused by twisting or pulling).

(c) Periosteal elevation--a detachment the periosteum from the shaft of the bone with associated hemorrhaging between the periosteum and the shaft (also caused by twisting or pulling).

(d) Spiral fractures--fractures that wrap or twist around the bone shaft (caused by twisting or pulling).

(5) Head injuries

(a) Absence of hair and/or hemorrhaging beneath the scalp due to vigorous hair pulling.

(b) Subdural hematomas--hemorrhaging beneath the outer covering of the brain (due to shaking or hitting).

(c) Retinal hemorrhages or detachments (due to shaking).

(d) Jaw and nasal fractures.

(6) Internal injuries

(a) Duodenal or jejunal hematomas--blood clots of the duodenum and jejunem (small intestine) (due to hitting or kicking in the midline of the abdomen).

(b) Rupture of the inferior vena cava--the vein feeding blood from the abdomen and lower extremities (due to kicking or hitting).

(c) Peritonitus--inflammation of the lining of the abdominal cavity (due to a ruptured organ, including the vena cava).

b. Child Abuse and Neglect: The Problem and Its Management: Volume 1, An Overview of the Problem, NCCAN, Children's Bureau, OCD/OHD/DHEW, 1975, p. 7.

The discussion in this volume indicates some additional indicators related to identifying the physically abused child. In summary these are: (1) the older child may excuse the injury to unlikely causes where as the younger child may admit that abuse has occurred. (The difference reflects the perception of the child--fear additional abuse or unaware that abuse has happened.); (2) children who are abused over a period of time may become behavior problems in other settings. These children may become focal points in classrooms or may appear in juvenile units in police departments or in the juvenile courts.

c. "Medical Diagnosis of Child Abuse and the Failure-to-Thrive Syndrome" C. Henry Kempe, Protective Services to Abused and Neglected Children and Their Families, Official Proceeding, National Institute for the Training of Trainers," Graduate School of Social Work, University of Denver, 1975, pp. 195-213.

Dr. Kempe discusses at length the medical process for diagnosing physical abuse. In summary his comments pinpoint several areas related to indicators, including: grab marks, bite marks, strap marks, tattoing of initials, burns (cigarette, lighters, radiators, scalds) head injuries, bone injuries, failure-to-thrive.

d. Though perhaps having more of the attributes of cause, rather than of indicators, several other aspects related to physical abuse need consideration. These include: corporal punishment, use of drugs with children, manual shaking of infants, the relationship between childhood accidents and parental abuse, scapegoating, role reversal, and other behavioral indicators.

e. Summary

The effort to identify every indicator of physical abuse could be an endless one. The emphasis here is on a recognition of major indicators and a growing awareness of all others. Supporting the need to be aware of physical indications of abuse is the constant effort to go beyond the indicator(s). To be useful, the list of indicators has to be assessed in light of everything else known about the situation. Some cases may be obvious; others not so. All factors and influences including an awareness of community standards, changing patterns, parental capacities and situational stresses need to be a part of the identification process.

E. Characteristics of Parents

1. Introduction

Intervention for the child who may be neglected or abused is based on the identification and selected application of indicators. The process cannot wholly rest, however, on just indicators. There must be a consideration of parental characteristics. In the process of evaluating the presence or lack of abuse or neglect, all data must be considered including what is known about the parent.

This section is an overview of parental characteristics. To fully understand the parent more deliberation is needed than is possible here. The effort to better understand why individuals abuse and neglect their children continues to provide new ideas, theories, suggestions, etc. Also, it should be noted that more information exists regarding parents who physically abuse their children than those who neglect their children. Finally, it should be recognized that many of the current efforts seek to answer questions--more appropriately, to question the answers--which have been prevalent for many years.

As in the case of definitions and indicators, things are subject to change and have a degree of relativity not to be ignored. Caution continues to be the word when we begin to describe families where abuse or neglect occurs and, at the same time we fail to take all factors into account.

The following content presents some of the more frequent ideas regarding characteristics of parents who abuse or neglect their children.

2. Physical Neglect

   a. Giovannoni, Jeanne M. and Billingsley, Andrew, "Child Neglect Among the Poor: A Study of Parental Adequacy in Families of Three Ethnic Groups," Child Welfare, XLIX, No. 4, April 1970, pp. 196-204.

      In a small research study of poor families, the researchers compared a group recognized as neglectful with a group recognized as adequate or not seriously neglectful. The results suggest some characteristics: (1) the early family of neglectful parents was not significantly different from that of adequate parents; (2) the neglectful mother was currently under more stress than the non-neglectful; (3) there was less reliance on relationships with kin for the neglectful mother; (4) neglectful mothers deviated more from accepting and meeting the dependency needs of young children.

b. Polansky, Norman A., DeSaix, Christine, and Sharlin, Shlomo A., Child Neglect: Understanding and Reaching the Parent, CWLA, 1972, pp. 21-53.

Based upon their research of mothers in North Georgia and Western North Carolina, the authors describe personality types identified among the mothers. They are:

(1) Apathetic-futile.--Nothing worth doing, emotional numbness, lack of intense personal relationships, anger expressed in passive-aggressive manner; low compotence and self-confidence; influences others with feelings of futility, incessible and difficulty in thinking through problems by talking.

(2) Impulse ridden.--Restless; intolerant of stress or frustration; aggressive and defiant; wants excitement and change; manipulative.

(3) Mentally retarded.--Typical range of IQ was in range of 68-83.

(4) Reactive/depressive.--Feelings and behaviors produced in reaction to loss of loved person or to other traumatic events; reactions are morbid and unhealthy.

(5) Psychotic.--Out of touch with reality (withdrawn, varying moods, bizarre behavior, etc.).

c. Other characteristics associated with families where neglect has occurred include: disorganization, impaired judgment, dependency, no deliberate mistreatment, inadequate feeling, more willing to permit children to receive services, inability to cope with responsibilities--desert or poor supervision; role reversal of parent-child responsibilities and relationships.

3. Physical Abuse

a. We Can Help: A Curriculum on the Identification, Reporting, Referral and Case Management of Child Abuse and Neglect, NCCAN, Children's Bureau, OCD/OHD/DHEW, 1976. Unit Three.

The curriculum provides a discussion of the literature regarding characteristics of parents who physically abuse their children. The following problems are identified (in more detail).

(1) Unfulfilled needs for nurturance and dependence;

(2) Fear of relationships;

(3) Lack of support systems;

(4) Marital problems;

(5) Life crises;

(6) Inability to care for or protect a child;

(7) Lack of nurturing child-rearing practices.

b. Trovy, James J. and Clark, Elizabeth H., "Treatment for Child Abusers," Social Work, May, 1974, pp. 338-342.

The authors present a discussion of the use of social learning theory as a basis for treatment. They cited several characteristics of parents including:

(1) Abusive adults have few skills to help them function competently as adults. They gain little satisfaction from their role as parents.

(2) Abusive adults are frequently ignorant of child development. They expect behavior too advanced for young children.

(3) They control their children's behavior almost exclusively through punishment, because they lack knowledge of alternative means of controlling them.

c. Child Abuse and Neglect: The Problems and Its Management: Volume 1, An Overview of the Problem, NCCAN, Children's Bureau, OCD/OHD/DHEW, 1975, pp. 5-6.

The volume provides a list of characteristics which parents may exhibit. These include such things as: isolation, lack of trust, may have been abused themselves, reluctant to give information, inappropriate response, overcritical of the child, have unrealistic expectations, have limited physical contact with child, believe in harsh punishment, may be borderline intelligent, psychotic, or psychopathic.

Other characteristics frequently cited include: negative attitudes toward children; indifference to needs of children; have unrealistic expectations of themselves as parents; have a sense of low self-esteem.

d. Burgess, Robert L. and Conger, Rand D., "Family Interaction in Abusive, Neglectful and Normal Families," mimeograph paper, date not given.

The authors discuss an observational study of behavior patterns occuring between family members in cases where abuse, neglect, and neither problem was documented. Some of the results suggested are as follows:

(1) Abusive (and neglectful) families have some of the same characteristics as other problem families.

(2) Parents in abuse situations initiated contact with other family members less frequently.

(3) Interactions with children tended to accentuate the negative and, as a unit, interactions was not on a physical level.

4. Summary

It seems important to stress, once again, that characteristics are like definitions and indicators. In themselves they are of little value. They are presented to reflect some of what is known or suggested regarding parents and families in abuse or neglect situations.

Many issues remain to be resolved. Major questions still need answers before we can be certain about who abuses and neglects his/her children for sure. It is critical to be aware of some conclusions that have merit and need scrutiny. These indicate that (1) there is no definite set of characteristics; (2) there is no definitive list of characteristics describing households where abuse occurs; (3) indicators of abuse have limited application; (4) applying what we know regarding indicators and characteristics related to abuse situations, we do not have resources enough to protect the unnumbered cases probably defined as likely to show abuse (or neglect).[5]

F. Role of the Child in Abuse Situations

It seems appropriate however at the stage of identification (definitions, characteristics, indicators) to briefly note some considerations regarding the child's role, particularly in relation to abuse. This bears some relevance, especially in light of the generally accepted pattern than usually one child only is subject to physical abuse.

In the evaluation process it is important to be aware of all the possibilities. As such there are some particular aspects to give attention. These include:

1. A newborn infant.--An event which disrupts the entire life style of new parents; in large families, a new child may create additional strains on resources; crying and fussy children may create breakdowns in "normal" relationships.

2. Premature infants.--Children who are born with low birth weight or perhaps are smaller at term often need such close attention that the parents have difficulty. Caretaking becomes a very involved task in addition to the problem of early and perhaps prolonged separation after birth.

3. Older children may be selected as the target for abuse because of handicaps, less attractive physical features, over-active behavior, and their reaction to discipline.

4. Other aspects to consider include mental retardation, emotional problems, parental perception of the child as "different."

(Sources for above are: "Child Abuse: An Interdisciplinary Analysis," Ross D. Carke and Condace Whitmer Collner, and "The Role of the Child in Abuse: A Review of the Literature," William N. Fredrick and Jerry A. Boriskin, American Journal of Orthopsychiatry, 46(4), October, 1976, pp. 580-589.)

G. Social and Cultural Factors

In the effort to define physical neglect and abuse it is necessary to give consideration to the environment within which the problems exist. That environment is made of many things including the social and cultural factors which influence the family. The agencies and staff who must deal with abuse and neglect must also be conscious of social and cultural influences, both from their own experience and perspective as well as from that of the client.

The effort to define physical abuse and neglect is necessary but it must strive to identify parenting behavior that is not acceptable, given the time and place. The questions relating to discipline, violence, unconcern, standards, values, etc. all have to be assessed as the evaluation of potential abuse or neglect occurs. Recognition must be given to the continuum that operates between absolutely intolerable behavior and results and totally acceptable behavior and results.

What one community defines as neglect or abuse may be very different in another community. Our perceptions vary for many reasons, and any effort to intervene must not be rash or unfounded. What is normal? What is adequate? When does physical or psychological discipline become abuse? We need to be aware of the stress on family organization and cohesion. What kind of social situation exists and what are the interactions which influence behavior, both for the parent and the child? These factors must be considered both from the standpoint of being able to identify physical abuse and neglect as well as being able to do the most appropriate thing after intervening.

> Parents and other caretakers live in a larger society and the traditions and values of that society exert a strong influence on everyone. Society values discipline, and allows corporal punishment. It also places a high value on parents' rights and allows parents a lot of discretion in the way they raise their children. These values allow adults to treat children in ways that the same society then calls "abusive."
>
> Cultural or sub-cultural influences are also at work. If a parent's church strongly believes in "spare the rod and you'll spoil the child," that will have a certain influence on the parent concerning discipline and punishment. It may be OK to "take it out on the oldest," because the way children act is seen by parents as a reflection of their own worth and competence.

> Society does not put much importance on the job of parenting. Other jobs are more glamorous and influential. The job of nurturing is not important enough in this culture to command high salaries, whether performed at home or in a child care center. And yet, the demands on the person who nurtures are great.

(We Can Help...A Curriculum on the Reporting, Referral and Case Management of Child Abuse and Neglect, NCCAN, Children's Bureau, OCD/OHD/DHEW, 1976, Unit 1, pp. 13-14.)

NOTES

1. *Strategies in Innovative Human Services Programs*, Harry Gottesfield, et. al. A separate of Volume I in *Developments in Human Services*, Edited by Herbert C. Shulberg, et. al. New York, N.Y.: Behavioral Publications, 1973, p. 271.

2. *Somewhere a Child Is Crying*, Vincent J. Fontana. New York, N.Y.: Macmillian Publishing Co., Inc., 1973, p. 24.

3. *Helping the Battered Child and His Family*, C. Henry Kempe and Roy E. Helfer. Philadelphia and Toronto: J. B. Lippincott Company, 1972, p. xi.

4. "The Social Construction of Child Abuse," R. J. Gelles, *American Journal of Orthopsychiatry*, 45(3), April, 1975, p. 364.

5. *Prescriptive Package--Child Abuse Intervention*, Arnold Schuchter. Washington, D.C.: National Institute of Law Enforcement and Criminal Justice, LEAA, 1976, p. 3-4.

APPENDIX 1

Awareness Exercise

AWARENESS EXERCISE

Please complete the following statements:

1. I feel that people who physically abuse their children are ______________________________

   ____

2. I feel that people who sexually abuse their children are ______________________________

   ____

3. When I see an abused child, my immediate reaction is ______________________________

   ____
   (Note if you have never seen an abused child)

4. When I talk to a person who has abused his/her child, my feelings toward the person are ______________________________

   ____

   ____

5. I feel that the person who sexually abuses a child should be:

   _______ convicted and incarcerated

   _______ convicted and placed on probation

   _______ referred to a treatment facility instead of incarceration

   _______ (other-please specify) ______________________________

6. I feel that the person who physically abuse a child should be:

   _______ convicted and incarcerated

   _______ convicted and placed on probation

   _______ referred to a treatment facility instead of incarceration

   _______ (other-please specify) ______________________________

7. I believe parenting is:

______innate

_____ a learned behavior

8. I feel I was abused as a child:

______ physically

______ emotionally

______ sexually

______ I do not feel I was abused

MODULE VII

Sexual Abuse

I. Introduction

This Module deals with the following topics:

a. The feelings of each trainee regarding sexual abuse;

b. The findings of current research on the phenomenon of sexual abuse; and

c. The role of the protective service worker in intervention and case planning in sexual abuse cases.

The module should take from one and half to two hours to complete. Training procedures include the use of video tape, instrumentation, small group discussion, lecture and film. The procedures are applicable to groups to a minimum of five participants to a maximum of fifty.

A. Procedure

1. Prior to entering the module, each trainee should read the following articles:
    a. Benward, Jean, and Densen-Gerber, Judianne, "Incest as a Causative Factor in Antisocial Behavior: An Exploratory Study," Contemporary Drug Problems, Vol. 4, Fall, 1975.
    b. Poznanski, Elva and Blos, Peter, "Incest," Medical Aspects of Human Sexuality.
    c. Giarretto, Henry, "The Treatment of Father/Daughter Incest: A Psychosocial Approach," Children Today, July/August, 1976.

B. Process

1. Step I: After introduction of the topic, the trainer distributes the Value Clarification

Questionnaire.* Each trainee completes the questionnaire. The questionnaire is not discussed at this time.

Next, the trainer shows the group a video-tape of a simulated act of sexual abuse.

The video-tape recommended for this step is one developed by Robert Pierce at Washington University. The tape begins with a scene of a door ajar to a dark room. After a moment, a child's voice is heard coming from the room. The child is resisting the sexual advances of her father. The next scene is the torso of a man, the father, walking out of the room. The video-tape is approximately two minutes in length.

2. Step II: The trainer de-briefs the Value Clarification Questionnaire and the video-tape. The emotions developed by the video-tape should be the focus of discussion.

   When the de-briefing is finished, the trainees are divided into groups of not less than five and not more than ten. Each group's task is to develop a working definition of sexual abuse. Each group reports their definition to the trainee group.

3. Step III: The trainer gives a short discussion of the difficulty of intervention. Then the film, Sexual Abuse: The Family, is shown. The film is de-briefed by analyzing the roles and actions of the actors.

   The film looks at sexual abuse from a professional standpoint. It begins with three professionals (a pediatrician, a psychologist and a social worker) talking about the problem and about how each uniquely handles it.

   The film continues with a description of an emergency room intake and what the physician should look for and how he should treat the child and the parents. It also discusses the medical tests which need to be taken.

---

*See Appendix A.

There is emphasis on the fact that incest is a family problem and that societal reaction can be more damaging to a child than the original act.

There is an interesting role play episode to show how one should deal with the problem, the child and the parents. The role play includes an interview with physician-parent, physician/child and policeman/child.

4. Step IV: The trainer presents a lecturette on the pheonomenon of Sexual Abuse drawing upon the readings in Step I. Following the lecturette, the trainer can discuss the readings.

   a. Lecturette Topics

      (1) Definition of Sexual Abuse: The utilization of a child for sexual gratification or an adult's permitting another person to so use the child.

      (2) Trends in Reporting: Only a small percentage of all reported abuse cases (about 3%) are sexual abuse. Of the reports, a vast majority involve an adult male's involvement with a female child. Most reported cases are incest involving a father, adult relative or stepfather.

      It is believed that only a fraction of all sexual abuse cases are discovered.

C. Content

1. Socio-Economic Indicators:

Sexual abuse occurs in all social and economic groups. There may be a tendency for more frequent discovery of sexual abuse among low income families who have frequent contact with social service agencies.

2. Medical (Physical) Indicators:

   a. Bruises in external genitalia, vagina, or anal regions;

   b. Bleeding from external genitalia, vagina, or anal regions;

   c. Swollen or red cervix, vulva, or perineum; and

   d. Positive tests for any of the following:

      (1) gonococcus;
      (2) spermatozoa;
      (3) pregnancy; and
      (4) venereal disease.

3. Behavioral Indicators:

   a. Regressive Behavior.--Molested children (especially young children) may withdraw into fantasy worlds. Sometimes these children give the impression of being retarded when, in fact, they are not.

   b. Delinquent or Aggressive Behavior.--Molested children (especially pre-teen and teen) often act out their anger and hostility on others.

   c. Sexual Promiscuity.--The sexually molested girl or boy may be sexually promiscuous, and their behavior may become very apparent not only to the school, but to the entire neighborhood.

   d. Confiding in Someone.--A molested girl may confide in a special friend or teacher. These confidences may not take the form of direct information about being molested, but may involve such statements as "I'm afraid to go home tonight," "I want to come and live with you," "I want to go and live in a foster home."

   e. Poor Peer Relationships.--Molested children (if molestation has occurred over a long period of time) may not have social skills or are too emotionally disturbed to form peer relationships. The parent(s) has a vested interest in keeping them emotionally isolated. The child may have such a poor self image (the "bad me" concept) that it overshadows his whole existence.

f. Prostitution.--The middle to older molested teenager may turn to prostitution.

g. Extremely Protective Parent.--In incestuous relationships, the parent involved may become exceedingly jealous of the child, often refusing him any social contact. The parent is afraid that the child will tell, but they are even more afraid of losing the child to others. A father, e.g., may pick his teenage daughter up at school everyday, and become furious if he sees her talking to anyone.

h. Unwillingness to Participate in Physical/ Recreational Activities.--Young children who have been highly sexually stimulated or have been forced to have sexual intercourse with an adult, may find it painful to sit in their chairs in school, or to play games which require a good deal of movement.

i. Runaways.--Teenagers who have been molested sometimes resort to escape and runaway from the home.

j. Drugs.--Teenagers who have been molested may resort to escape through the use of drugs.

k. Confession.--The child who has been molested may seek to report the offense. A number of incest cases where a teenager reports may be ficticious, but a thorough investigation should be made to determine the validity of the statement.

4. Family Indicators:

a. Prolonged absence of one parent from the home;

b. Loss of one parent through death or divorce;

c. Gross overcrowding in home--insufficient sleeping space;

d. Physical proximity;

e. Alcoholism;

f. Family members lack normal social and emotional contacts outside of the family; and

g. Isolation--created by remoteness of home to other homes (in rural areas).

D. Interviewing the Sexually Abused Child

1. The staff member must make a constant effort to prevent over-identifying with the assaulted child.

2. Prearrange an appointment with the victim and the parents in their home, unless sexual abuse was incestuous. In cases of incest, the interview may have to take place out of the home if the child has been placed in protective custody.

3. The child and the parents should be interviewed separately. The presence of another person may induce bias, distortions, or omissions in the different versions of the offense.

4. The staff member should establish the child's ability to testify in court.

APPENDIX 1

Sexual Abuse Value Clarification Questionnaire

Sexual Abuse Value
Clarification Questionnaire

PLEASE COMPLETE THE FOLLOWING STATEMENTS.

1. I feel that people who sexually abuse their children are ______________________________
____

2. When I see an abused child, my immediate reaction is
____
____

3. My personal feelings toward persons who sexually abuse their children are ______________________________
____

4. I feel the person who sexually abuses a child should be:

_____ 1) convicted and incarcerated

_____ 2) convicted and placed on probation

_____ 3) referred to a treatment facility instead of incarceration

_____ 4) other ______________________________

5. When a sexual abuse case is discovered, who should receive help or treatment? ______________________________
____

6. What are the treatment alternatives in your community for sexual abuse cases? ______________________________
____
____

7. If a sexual abuse case was reported to you, what actions would you take as a protective service worker? ______

____

____

8. What do you think would be your most difficult problem in working directly with an adult who had sexually abused a child? ______________________

____

____

9. How do you define "sexual abuse"? ______________

____

____

10. What kinds of problems do you think a sexual abuser would have? ______________________

____

____

MODULE VIII

Child Abuse and Neglect Reporting Laws

I. Introduction

A. Description

Two major aspects of reporting suspected cases of child abuse and neglect are dealt with in this module: the state reporting statutes and the procedures and problems in the implementation of reports under the law.

B. Objectives

At the conclusion of this module, trainees will be expected to be able to:

1. State the major elements in their CAN reporting law.
2. Realize differences between their laws and other existing laws and/or models toward the goal of gaining insight into what might be pushed for in possible new legislation.
3. Understand the procedures for reporting and responding to suspected cases.
4. Recognize some of the problems in the implementation of reports under the law.
5. Recognize major differences between legal and agency definitions.
6. Identify sources of conflict between legislative provisions, community resources, and agencies' policies and regulations.

C. Activities

1. Lecture and Discussion: Elements of the State CAN Reporting Law and Legislative Directions Mandated in the Law

   While there are several factors which contribute to the failures in communities' systems to protect children suspected of being abused and/or neglected, one notable factor responsible for failures in the entry process is that of individuals' failure to report. Perhaps an equally responsible factor is found in failures in response systems. The failure to report can be contributed, in part, to ignorance of the law, both of its existence and of its provisions. Part of the failures in the response system may well result from difficulties in translating laws into action.

Subjects to be covered in this lecture include:

a. Who must and can report;

b. Who and what must be reported;

c. How reports are made;

d. Who receives the report;

e. Immunity issues;

f. Penalty clauses; and

g. Legislative directions.

Resource Material: Lecture paper "State CAN Reporting Laws" (NCCAN Curriculum: We Can Help)

2. Trainer's Presentation of Problematic Areas in Reporting and Response Processes

Realizing problems in translating laws, policies, etc. into action, the trainer will stimulate trainees for the next activity by suggesting a list of problematic areas in the reporting and response processes. The goal of this and the third activity is to help trainees to become cognizant of differences between what is legally mandated and that which occurs in the actual implementation.

Resource Material: A list of Statements and Questions on Problems Affecting Implementation of Reports under the Law

3. Small Group Discussion of Sample Case Vignettes in Terms of Problems in the Reporting and Responding Processes

   The groups will consider "mild" and "severe" forms of three types of abuse: physical, neglect, and sexual.

   Resource Material: Six Case Vignettes

D. Instructions

Prior preparations:

1. Obtain (duplicate) enough copies of all materials: state CAN reporting law, list of statements and questions, and case vignettes; and
2. Try to distribute the laws prior to the session.

E. Training Procedures

5 minutes	. Convene total group . Determine (if not known) the composition of the group . Give brief description of the unit in terms of objectives and activities
Activity #1 (45 minutes)	Lecture and Questions: State CAN Reporting Laws and Legislative Directions . Present lecture . Entertain questions or short discussions
Activity #2 (20 minutes)	Summary and Presentation of Problematic Areas in the Reporting and Responding Processes . Trainer summarizes "letter of the law" . Trainer briefly discusses suggestive partial list of problematic areas as the law is implemented

Break
(15 minutes)

Activity #3
(1 hr. & 30 minutes)

Small Group Discussion

- Describe the activity
- Divide trainees into small groups

10 minutes

- Distribute list of problematic statements and questions and case vignettes
- Instruct each group to choose a recorder to take notes and be prepared to present a 5 minute summary of the group's discussion during the large group discussion
- Instruct groups to think on solutions to identified problems

30 minutes

- Rotate between groups as they perform this activity to answer questions, keep groups on course, and where necessary stimulate activity

25 minutes

- Reconvene the total group for the small group summary report
- Allow each group recorder 5 minutes to report
- Ask for questions after each report
- Write identified problems/solutions on chalkboard
- Synthesize these materials
- Briefly summarize the unit

Aids: Chalkboard

II. Content

A. Introduction

It was in the early 1960's that the public was shocked by publicized accounts of physical abuse to children. In response to the social situation, the Children's Bureau in 1963 published The Abused Child--Principles and Suggested Language for Legislation on Reporting of the Physically Abused Child as a basis on which states could model their reporting laws.

By 1967 all of the states had passed child abuse legislation. There is considerable variation in the laws since each state employed the model to reflect its own needs. The first stab at reporting legislation understandably represented a legal mandate with many weaknesses. Consequently, many states have subsequently amended their laws while others have repealed them. While all of the modifications undoubtedly reflect the perceived needs of states as they move toward a more effective reporting law, some changes, no doubt, will work to the detriment of the intent of the law. There is a paucity of accumulated conceptual and empirical knowledge relevant to the whole area of child abuse.

First and foremost, child abuse reporting laws are "casefinding devices." The laws stipulate what constitutes abuse and/or neglect--reportable age and definition of injuries. Beyond this, the laws set down certain elements which are basic to the process of implementing the laws, i.e., who reports and to whom, under what conditions reports are to be made, the nature of the reports, and the mechanisms for responding to reports. In order that child abuse legislation stimulates social action beyond casefinding, it is essential that the law explicates how reporting is to be implemented. The process beginning with the identification of an applicable case through the disposition of said case must be clear.

But, clarity of the process is not enough to ensure effectiveness in the statutes. The elements of the process must be logically related to every other element. One element must not negate the effectiveness of any other. For example, if the purpose of the law is to locate and provide protective services to children who come under the jurisdiction of the law, then any part of the law which dissipates this possibility is in opposition to the intent of the law. To further explicate this point, the following example is offered. If one vital source of reports--to the end of locating and protecting children--is the suspected perpetrator, and there is a stated penalty for abusing, the penalty element logically negates the effectiveness of the major legislative intent. Succinctly, what are the chances that a perpetrator, knowing he will be criminally charged, will initiate a report which will result in his own indictment and probable confinement?

Another example of relatedness between parts has to do with the coordination between the mandated recipient(s) of reports and the mandated social investigators of the abuse incident. There are, indeed, positive arguments for having more than one agency to receive reports, e.g., law enforcement agencies, the court, and/or public welfare agencies. Yet, with the investigative powers usually being vested in one agency, i.e., public welfare, the time lapse between reporting and investigation can be a crucial factor in identifying and responding to children in need of protection. Thus, it appears that any advantages accrued to identifying more than one agency as the recipient of reports may be offset by probable loss of vital time between the report and the action.

The law as a casefinding device, as well as a succcessful tool of implementation, is contingent upon certain other features of the statutes, i.e., provisions and conditions of immunity, the abrogation of evidentiary privileges, and the penalty, if any, for abusing. These factors are undoubtedly significant in terms of the potential reporter's readiness or lack of it to respond to the call for action.

Once cases have been reported and investigated, and agencies' dispositions have been established and activities have been initiated, what record keeping mechanisms become operative? Many states have instituted the Central Registry, some through administrative policy of the public welfare agency and others through legislative acts.

The Central Registry is designed to house data on abused children--suspected and confirmed--which will assist in future references, and to serve as a source for instant data on abuse cases. In addition, the Registry serves as a data bank for needed research. How well do established Central Registries reflect these goals?

B. Elements in the Statutes

1. Casefinding: Defining and Restraining Elements

a. The Purpose Clause

Logically, the first major element housed within a specific law should be a declaration of state policy on the intent of the particular legislative act. The purpose clause which embodies such a declaration is valuable for two basic reasons. First, it places in perspective the legislature's expression of the ultimate goal it seeks to achieve by the law. Second, it serves as a point of reference for interpreting and/or resolving ambiguities created by other elements in the act.

While the language of intent varies by states, the goal is similar "...to provide for the protection of children...." However, states differ with respect to that for which protection is extended. For example, in some states the provision of protection is extended to the physically abused only; while in others, protection is expanded to include neglect, malnutrition, sexual abuse, and emotional abuse.

Beyond the statement of major intent, the purpose clause explicates the community resources--and the goal of intervention--which are intended to operate in response to a report of child abuse under the law. The states employ the language of the early model or substantially similar language "...causing the protective services of the State to be brought to bear in an effort to protect the health and welfare of these children and to prevent further abuses."

Using Table 1 in Appendix
Provide Information for Your State

How well the intended goal of these laws can be effectuated depends, in large part, on the procedural guides incorporated in the law. These mechanisms will be analyzed in a subsequent section on implementation of reports under the law.

b. Reportable Age

It was recommended in the early model that the upper age limit covered by states' child abuse laws be the maximum age of juvenile court jurisdiction in the states. The Model Child Protective Services Act defines child as a person under the age of 18.

Until very recent years, some states only provided for the protection of children under the age of 16 (Georgia--under 12). It is necessary to be aware of the vulnerability of adolescent children, particularly in relation to sexual abuse and excessive corporal punishment.

c. Nature and Cause of Abuse

All state reporting laws specify the nature or type of abuse and/or neglect which must be reported. The definitional types usually conform to the major focus for protection as set forth in the purpose clause. Beyond the specification of type of abuse and/or neglect which must be reported, some statutes spell out the cause, e.g., ...other than by accidental means or ...caused by brutality, etc.

The types of abuse usually included in reporting laws prior to PL 93-247 were physical abuse and neglect. Subsequent to the passage of the Child Abuse and Prevention and Treatment Act, which included sexual abuse and mental harm, most states have moved toward expanding their laws in this regard and eliminating the requirement that injuries/maltreatment be of a serious nature.

A careful study of a sample of state laws would reveal wide variation in the definitions--from general reference to abuse and neglect to broad definitions which include general health and welfare factors which may or may not result from intentional or willful omission.

It might be important at this point to be reminded that the early model only provided for the protection of physically abused children. With time and the recognition that children suffering from neglect were anywhere from three to five times the number of those being physically abused and that the long term effects of neglect can be as detrimental to the child's normal growth and development as physical abuse, states began to incorporate neglect in their reporting laws. Of recent concern on many fronts, however, is the exclusion of neglect as a mandatory reportable condition. Some advocates of this notion suggest that current child abuse/neglect laws are coersive and biased against minorities and the poor. Coersive intervention should be limited to cases of physical and sexual abuse (CPS Reports: April 14, 1977).

While the issue of reportable age seems to be one over which most people agree, there is yet ambiguity regarding that which is reported--abuse only, abuse and neglect, serious conditions only, and so on. And being aware of how social problems are dealt with (like a pendulum), it may be some time before a "happy" medium is reached. For your own purposes, you must be aware of what your own State provides. According to our law:

Using Table 1 in Appendix Provide Information for Your State

d. Provisions and Conditions of Immunity

The mere existence of a reporting law legitimizes the act of reporting and subsequently frees individuals to a degree to report acts which heretofore have been considered the private domain of families, i.e., the treatment of children. But beyond the point of having the mind to report (which many have but fail to follow through for many and varied reasons), potential reporters must have some assurance that they will be protected in their action, as well as from any legal repercussions emanating from their action. Thus any law which requires an action which could jeopardize citizens' general welfare and livelihood must, in order to ensure the desired participation, provide for protection under the law.

As suggested in the early model as well as the Model Act, immunity should be granted from any liability, civil or criminal, with respect to reporting and participating in judicial proceedings if such participation is in good faith.

Some few states provide for immunity with respect to reporting and to civil liability only, while others provide for immunity from civil and criminal liability with respect to reporting and judicial proceeding resulting from such report.

A conditional phrase to participation is most often included in the immunity clause. Some examples of conditional phrases are "...in good faith," immunity based on "...reasonable cause," "...unless such person acted with malice and without reasonable cause," and "...resulting therefrom prima facie shall be presumed to be acting in good faith." In the latter phrase, the presumption of good faith is open to rebuttal since presumption is contingent upon prima facie which means presumption or sufficient unless disproved. It is not clear whether the presumption of good faith phrase--"...reasonable cause and ...unless such person acted with malice and without reasonable cause"--is also subject to rebuttal.

The grant of immunity must be extended to any person, whether mandated to report or not, who reports in good faith.

There are at least two basic reasons why a conditional phrase is necessary to the immunity clause. Assuming that potential reporters are aware of the conditions placed on immunity, it is highly probable that reports, which are not made in the interest of the child's welfare but are actions intended to bring insult or harm to the parent(s) or caretakers, will be minimized. As a corollary to the first reason, time and manpower required to investigate such reports necessarily tax time and manpower required for the protection of children in need of the services.

With the above in mind, let us now note the provisions and conditions of immunity in our reporting law.

Using Table 1 in Appendix
Provide Information for Your State

e. Abrogation of Evidentiary Privileges

There are two primary points to be considered in the question of privileged communication in an issue of child abuse and neglect:

(1) The protection of the abused and/or neglected child, and

(2) The rights of the abuser.

It is felt that no evidence pertinent to determining the cause, the nature, and the necessary services to be rendered in a given abusive situation should be excluded. On the other hand, should the need arise, the suspected abuser must be guaranteed his constitutional right to counsel with all the privileges thereto. It would appear then that the reporting law provides for no grounds for exclusion except that of the attorney-client.

While this may be a rational way to view the issue of privileged communication, some few states provide for privileged communication between physician-patient. In our state:

Using Table 1 in Appendix
Provide Information for Your State

f. Penalty for Abusing

The primary function of the first legislation, which considered the need for protecting abused and neglected children, and of the agencies responding to the statutes was that of investigating cases and bringing the perpetrator(s) to justice for their crimes against children. This function left a great deal to be desired. The tendency toward terminating parental rights and/or imprisonment often resulted in institutional care or other placement for children and no rehabilitative help for the parents.

The transition from rescuing and prosecution to casework services was a slow one, mainly because the field of social work was slowly developing its own body of knowledge and the change in refocusing thinking about child protective work from punishment to a helping process was slow to come.

Many of the recent laws and current social agencies functions reflect the change from a punitive to a therapeutic approach for dealing with child abusers. Some state reporting laws include a penalty clause, while some others do not. The "offense" is a felony in some states and a misdemeanor in some others with the punishment, upon conviction, varying among states. Of more importance is the tendency for some states, which leaned toward treatment and for corrective measures to revert to the punitive approach.

The major question here, it seems, is how shall abusing and neglecting be defined? As a criminal act? As poor interactional patterns? As a psychological illness? As an inappropriate response to life's stresses and frustrations? As a resultant of learned behavior, the cycle of maltreatment? It is possible that all of the above, as well as others, are appropriate definitions, i.e., there may be various forms of abuse and neglect with different causes and consequently different solutions. Thus, it would seem that an unqualified penalty clause should not be included in the reporting laws. However, in lieu of a penalty clause, the states' criminal statutes should be brought to bear in instances which have been so defined by evidence.

Our CAN reporting law provides:

Using Table 1 in the Appendix
Provide Information for Your State

g. Penalty for Failure to Report

The purpose of the penalty clause is to serve as a device for the enforcement of the law. However, given the problems inherent in defining what constitutes abuse and determining the accidental-nonaccidental status of an incident, as well as establishing existence of knowledge and willful negligence to report, gaining a conviction for the failure to report would be a difficult task. Thus some would contend that the penalty for failing to report may be an ineffective device for its intent. On the other hand, the clause and probability of conviction might serve to stimulate reporting.

This provision in California's law has been court tested. In Robinson v. Wical, MD, et al (Civil No. 37607, California Superior court, San Luis Obispo, filed Sept. 4, 1970), an out of court settlement in the judgment of $600,000 was awarded against four physicians who failed to report the abuse of a young child who subsequently suffered permanent head injuries resulting from repeated abuse.

Beyond the fact that the penalty clause might serve to stimulate reporting, particularly among physicians and hospital personnel, the provision in the reporting statute might make it easier for professionals to report if they are able to explain to the family that it is a crime not to report.

Some state reporting laws include a penalty clause for the failure to report; others do not. Similarly, the penalty differs among the laws which include the clause. In our state:

Utilizing Table 2 in Appendix
Provide Information for Your State

2. Implementing Reports Under the Law

This section deals with the legislative directions described in the reporting laws for achieving the desired goals of the child abuse statutes.

a. Mandated Reporters and Conditions Initiating Report

One of the most important elements of the reporting laws is the designated person(s) required to report and the prescriptions clarifying the conditions under which reports are to be made. The earlier laws mandated only physicians to report abuse cases.

While physicians are the logical group to report cases of child abuse since they are most likely to treat children, especially those seriously injured, and they are perhaps better equipped to make a distinction between accidental and nonaccidental injuries, there are strong and valid arguments for extending the mandate in the reporting laws to include other professional groups and possibly any person. There can be no argument that workers are often faced with neglected and abused children, among their active caseloads, which would otherwise go unnoticed, unreported, and possibly untreated. The same is probably true for teachers and other school personnel. The major argument offered for including any person among the mandated reporters is that often children seriously abused (not on welfare for the sake of explicating the example) are not medically attended. Through fear of repercussion, of religious proscription, or otherwise, the parents or other responsible adult fail to obtain needed medical treatment. In such cases, family members and/or neighbors are often aware of the extent of the injury and/or the nature of the circumstances of the incident which warrant social investigation.

Extending the target reporting group to include any person will undoubtedly increase the number of reports which are not of an abuse nature. On the other hand, this prescription would provide for the inclusion of more cases of abuse. Broadening detection in this manner would seem preferable despite the risks.

Some state reporting laws have extended mandated reporters to include anyone; while some states designate only certain professionals who are likely to be involved in the health, education, and welfare of children as mandated reporters.

Under what conditions are mandated reporters required to report? The earlier model as well as PL 93-247 and the Model Child Protective Services Act do not require certainty of abuse or neglect before initiating a report.

The phrasing of the conditions initiating differs among the states. Some laws stipulate a minimum of knowledge as a basis for reporting, e.g., "...reasonable cause to suspect...," "...appears to be suffering," etc. Some laws follow in degree of restriction required to having full knowledge of or having been approached to render aid. Some state laws distinguish between the necessary condition for reporting on the basis of the reporter, e.g., professional persons may have reasonable cause and any other person reporting must have knowledge.

Who is mandated to report and under what conditions in our state?

Utilizing Table 2 in Appendix
Provide Information for Your State

b. Recipients of Child Abuse/Neglect Reports

To whom are reporters required to file reports? Perhaps the most practical channel would be exemplified in situations where the law mandates one particular agency, except in situations where said agency does not exist, to receive reports. Where there are several agencies mandated to receive reports, with one agency usually having investigative powers, the investigating process would conceivably be slowed down considerably.* In addition, it would seem that potential reporters would have a better sense of direction or structure in situations where one specific agency has been designated to receive reports. In terms of the specific agency to which reports are to be made, it seems logical to assume that the state's department of social services, which presumably has the expertise to carry out social investigations and to render protective services, would be the designated agency.

Some state reporting laws require that reports be made to an appropriate police authority. In most states the mandated recipient of reports is the child welfare agency. Some state laws confuse the issue by providing two or more recipients of reports, e.g., department of public welfare, the sheriff's office, or the chief county law enforcement office. Perhaps such alternatives are given so that 24-hour intake and investigatory coverage can be provided in lieu of such capabilities in the public welfare agency. In such instances, it must be reiterated that a high level of cooperation and coordination is absolutely essential.

The mandated recipient(s) of reports in our state:

Utilizing Table 2 in Appendix Provide Information for your State

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*An exception to this could be between collateral systems, e.g., Juvenile Court, and the mandated agency in which intake and investigative procedures are coordinated. For an example of this, see Clara L. Johnson, Two Community Protective Service Systems: Evaluation of Systems Operations, pp. 21, 40, 45.

c. Type Report

Most state reporting laws make reporting mandatory rather than permissive. Some laws are decidely accusatory in nature by requirements such as that in the following excerpt. "...by a parent or other person responsible for his care, shall report or cause reports to be made." Having to make a determination of who is the abuser places a moral burden on the reporter which may add to reluctance.

Our reporting law:

Utilizing Table 2 in Appendix Provide Information for Your State

d. How Reports Are Made

This area of the reporting law is very important to the success of the intent of the statute. Certainly, if there are ambiguities in this initial step, the purpose of locating and protecting children and helping families will not be fully realized.

The early model suggested that the report be made by telephone or otherwise and followed as soon thereafter as possible by a written report. In view of the fact that the model mandates only physicians to report, this procedure may be appropriate. The model CPS act provides that initial reports be made orally--statewide toll-free numbers--with mandated reporters being required to subsequently file a written report.

The procedure for making reports should be a simple one, as well as well known to potential reporters. Where the mandate to report is applicable to anyone having reason to believe or suspect or to have knowledge of abuse, the written report specified in some state reporting laws places an unwarranted burden on the non-professional reporter. In addition, many reporters may not be able to fulfill this requirement.

In some state laws where any person is mandated to report, the laws do not indicate whether the followup written report is a requirement only professional reporters have to meet or the requirement applies to all reporters. In practice, however, most states do not require the non-professional to submit a written report.

For clarity and uniformity in procedure, when a written report is to follow the oral, the prescription in the law should clarify whether or not all reporters are required to follow this procedure. And if not, the law should designate the category(s) of reporters that are required to follow a given course of action.

Our reporting law:

Utilizing Table 2 in the Appendix
Provide Information for Your State

e. Legislative Directions

The degree to which the reporting law is realized depends, in large measure, upon the actions that are taken subsequent to a report. As we mentioned earlier, the process would appear to be most effective when the receiving agency is also the investigating agency.

Some state reporting laws imply directions; while some include written directions in varying degrees of explicitness regarding the investigating agency and the powers thereof.

Our reporting law:

Utilizing Table 2 in the Appendix
Provide Information for Your State

f. Central Registry

The overall stated purpose of the central registry is to house data on abused and neglected children and their families. While one of the initial arguments for the central registry was that it would provide a ready means of tracking families in flight and to identify cases representing repeated abuse, it is questionable that this purpose has been realized. Of course, the degree to which these goals could be realized depends, in part, on the mechanics set up to make the system operative. Some current arguments against the setting up of central registries are being made in regards to the civil rights of children and the parents who are presumed guilty before a finding is made.

Some states central registries are maintained by administrative policy of the department of public welfare. In others, the department has been mandated by the State Legislature to maintain central registries.

In our state and county, the following registries are available:

Utilizing Table 2 in the Appendix
Provide Information for Your State

Now let's note the mechanisms set up to make the system operate:

Utilizing Table 2 in the Appendix
Discuss the operations of the central registries, including the reporting and filing systems, measures to protect confidentiality of information, information included, expunging of cases, and purposes of the information recorded.

C. Problems in Implementing the Law

Trainer's Directions: You have delivered a lecture on your State's reporting law in which you have touched on areas which can negate the effectiveness of realizing the goal of the statute. You are now ready to summarize or point out some of these and other problems which should serve as the basis for the group(s)' discussion of case vignettes. Below are a sample of problems:

1. The law provides what may be considered a broad legal definition(s) of what is reportable. Such definitions are different from clinical ones.

2. Legal definitions do not help tremendously in operationalizing conditions. What constitutes abuse? Neglect? For the reporter? For the recipient of reports?

3. Will a penalty for abusing add to an abuser's reluctance to seek help if it is desired?

4. If the law provides that every case be investigated within 24-hours, can reports be prioritized on the basis of emergent nature? Are guides developed to so prioritize?

5. While one agency may be mandated to receive reports, in actual practice reports are often made to other collateral systems. Is there a high level of cooperation and coordination between systems?

6. If the law provides for a penalty for the failure to report, have professionals been provided adequate awareness and training information?

7. Does the community recognize the problem to the extent that needed services are provided to handle reported cases?

8. If the law provides that a report can be made to one of two or more agencies, is there a high level of cooperation and coordination between the agencies?

9. If your law mandates that every child receives certain services, e.g., psychological evaluation, are provisions also made for the securing of same?

10. How does such a mandate help/hurt children?

D. Sample Cases for Group Study and Discussion

1. Physical Abuse

   a. A 13 year old girl who had begun to engage in promiscuous sexual activities and taken up the habit of smoking since a serious heart operation earlier in the year came to the attention of the protective service on a referral from a private physician whose services had been sought by the child's mother for injuries resulting from a beating given by the father for smoking. The child had several bruises, abrasions, wounds, and lacerations. The parents, both college graduates with the father being in an executive position with a large chemical company, had three younger children on whom they indicated they never had to resort to physical punishment. Since the injured child's operation, the father had had to whip her on several occasions for her defiant behavior.

   b. One morning in early February a worker was making a court ordered home visit to check on a year old male after his return to his parents. He had sustained previous injuries of bruises, welts, abrasions, contusions, lacerations, and a skull fracture. At this time, the worker found that the child had again been injured so severely around his face and head that it was necessary to take him to the hospital. The mother admitted the abuse. She indicated that she had been angry with her husband whom she thought was "running around" on her.

      The 30 year old mother of three children under the age of five (the abused child being the youngest) had at one time been hospitalized in a mental institution. She did not work outside the home. The 25 year old father was a truck driver for a beer distributor.

2. Neglect

   a. Six young children, ages 2 through 11, were found by the police and a social worker outside their burning house which they had set fire in an attempt to warm themselves. They had been abandoned by their parents for at least 48 hours without heat, food, or adequate clothing. All of the children suffered from impetigo, fever, cold from exposure, and hunger. The children had been abandoned two or three times before. The parents both drank heavily and had serious marital problems. The 39 year old mother did not work outside the home. The 54 year old father made $148.00 per week in a cotton oil mill.

   b. An 11 month old male child was found to have suspicious bruises by a hospital physician. More evident, however, was what the physician referred to as mental conditioning to withdraw from human contact, cry when held and exhibit rigidity. Bad emotional patterning was also reflected in baby's failure to thrive. A sister, three years older, was developing normally.

      The mother who was in her early 30's was a college graduate but did not work outside the home. Due to personality problems and difficult life situation--debts, sickness, and recent move to a new town--she appeared unhappy and felt anger toward child. The young father, the holder of a master's degree, indicated that his wife was under stress. Both parents, however, denied abuse and neglect of the child.

3. Sexual Abuse

   a. A 34 year old mother of 6 children reported that her 49 year old boyfriend, who lived with her and her children, made the entire family leave the house except for the 13 year old daughter who said that the man beat her with his belt and forced her to have sexual relations with him. The boyfriend had whipped all the children on other occasions.

The family survived on public assistance and income from the boyfriend's part-time work.

APPENDIX 1

Table 1 and 2

TABLE 1

STATE	AMENDMENTS	STATEMENT OF PURPOSE	REPORTABLE AGE	NATURE OF INJURY/CAUSE	PROVISIONS AND CONDITIONS OF IMMUNITY	ABROGATION OF EVIDENTIARY PRIVILEGES	PENALTY FOR ABUSING
ALABAMA Act No. 563, S-8, Act of 1965, Regular Session.	Amended in 1967 by Act No. 725, S.82, Regular Session. Furamended in 1975 by Act No. 1124, H.788, Regular Session. Defined "Abuse" and "Neglect," included further categories of persons who are required to report, allowed permissive reporting, provided for protective custody of children, listed duties of the Dept. of Pensions and Security, provided central registry, provided punishment for violation of confidentiality, defined abrogation of evidentiary privileges, and provided for guardian ad litem. Act. No. 2422, Regular Session, 1971...provides for the conviction of persons and the punishment of such crime.	"...to protect children whose health and welfare maybe adversely affected thru abuse and neglect by reporting to the appropriate authorities." Further to make protective services "available in an effort to prevent further abuse and neglect."	Under 18	Definitions Abuse--"Abuse" means harm to a child's health or welfare. It can occur through non-accidental physical or mental injury; sexual abuse or attempted sexual abuse. Neglect-means negligent treatment or maltreatment of a child, including the failure to provide adequate food, medical treatment, clothing, or shelter; provided, however, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian; however, such an exception shall not preclude a court from ordering that medical services be provided to the child, where his health requires it.	From liability, civil or criminal with respect to making a report, removing of a child, and for participating in a judicial proceeding.	The doctrine of privileged communication, with the exception of the attorney-client privilege, shall not be a ground for excluding any evidence regarding a child's injuries or the cause thereof, in any judicial proceeding resulting from a report pursuant to this Act.	"Any person over 18...on conviction, be punished by imprisonment in the penitentiary for not less than one year nor more than ten years."

TABLE 1--Continued

STATE	AMENDMENTS	STATEMENT OF PURPOSE	REPORTABLE AGE	NATURE OF INJURY/CAUSE	PROVISIONS AND CONDITIONS OF IMMUNITY	ABROGATION OF EVIDENTIARY PRIVILEGES	PENALTY FOR ABUSING
FLORIDA Section 828.041 (1963)	Chapter 71-97 (July, 1971) changed definition of child. Those mandated to report were expanded; kinds of incidents to be reported expanded; reports to be made to Department of Health and Rehabilitative Services rather than Juvenile Judges; establishment of Central Registry; the doctrine of privileged communication expanded. Abuse of Children: 827.07.	The purpose of this section is to provide for the detection and correction through the provision of rehabilitative ameliorative services of the abuse or maltreatment of children who are unable to protect themselves. Such abuse or maltreatment includes any willful or negligent acts which result in neglect, malnutrition, sexual abuse, unreasonable physical injury, material endangerment of mental health, (and) failure to provide necessary treatment, attention, sustenance, clothing, shelter, or medical services.	Any person under the age of 18.	Abuse or maltreatment-includes any willful or negligent acts which result in neglect, malnutrition, sexual abuse, unreasonable physical injury, material endangerment of mental health and failure to provide sustenance, clothing, shelter, and medical attention.	From any liability civil or criminal, with respect to participating in the making of a report or participating in judicial proceeding... prima facie shall be presumed to be acting in good faith...."	"The physician-patient privilege, husband-wife privilege, or any privilege except the attorney-client privilege ...shall not pertain in any civil or criminal litigation in which a child's neglect, dependency, abuse or abandonment is in issue nor in any judicial proceedings resulting from a report...."	

TABLE 1--Continued

STATE	AMENDMENTS	STATEMENT OF PURPOSE	REPORTABLE AGE	NATURE OF INJURY/CAUSE	PROVISIONS AND CONDITIONS OF IMMUNITY	ABROGATION OF EVIDENTIARY PRIVILEGES	PENALTY FOR ABUSING
GEORGIA Ga. Code Ann. Sec. 74-111 (1965)	1973-Raised reportable age; those mandated to report were expanded. 1977-Ga. Code 74-111-Amend to include further categories of persons who should report, to provide immunity from liability, to provide for criminal and civil penalties.	"The purpose of this section is to provide for the protection of children whose health and welfare are adversely affected and further threatened by the conduct of those responsible for their care and protection... It is intended that the mandatory reporting of such cases... to appropriate police authority will cause the protective services of the state to be brought to bear on the situation in an effort to prevent further abuses, protect and enhance the welfare of these children, and preserve family life wherever possible."	Under the age of 18.	"...cause to be- that a child has had physical injury or injuries inflicted upon him other than by accidental means, or has been sexually assaulted, or has been neglected or exploited."	From any liability, civil or criminal, with respect to participating in making or causing report to be made or participating in any judicial proceeding...providing such participation shall be made in good faith.	None	

TABLE 1--Continued

STATE	AMENDMENTS	STATEMENT OF PURPOSE	REPORTABLE AGE	NATURE OF INJURY/CAUSE	PROVISIONS AND CONDITIONS OF IMMUNITY	ABROGATION OF EVIDENTIARY PRIVILEGES	PENALTY FOR ABUSING
KENTUCKY KRS 199.335 (1964)	1970-Severe malnutrition as abuse. 1972-Added sexual abuse and gross neglect; gave hospital and physician office authority to hold a child up to 24 hours if release would place him in danger; changed persons to whom reports are to be made from police authorities to public welfare agency. Clarified persons who must report suspected abuse; provided that proof of abuse is a grounds for removal of child without having to prove who perpetrated abuse. 1976, Regular Session, KRS 199.011.	To provide for the identifying of abused or neglected child; to require reports of any suspected abused or neglected child; to assure that the protective services of the State will be made available to an abused or neglected child in order to protect such a child and his siblings; to further prevent abuse or neglect by any person; to preserve and strengthen family life, where possible, by enhancing parental capacity for adequate child care; and to provide for immediate and prompt investigation of such reports.	Under the age of 18	Abused or neglected child-means a child whose health or welfare is harmed or threatened with harm when his parent, guardian, or any other person inflicts or allows to be inflicted upon the child, physical or mental injury by other than accidental means; creates or allows to be created a risk of physical or mental injury to the child by other than accidental means; commits or allows to be committed an act of sexual abuse upon the child; willfully abandons or exploits such child; does not provide the child with adequate care and supervision; food, clothing, and shelter; education; or medical care necessary for the child's well being. Provided, however, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian. This exception, however, shall not preclude a court from ordering that medical services be provided to the child; where his health requires it.	Immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such participant shall have the same immunity with respect to participation in any such judicial proceeding resulting from such report.	Neither the husband-wife nor any professional-client/patient privilege, except the attorney-client privilege, shall be a ground for excluding evidence.	

TABLE 1--Continued

STATE	AMENDMENTS	STATEMENT OF PURPOSE	REPORTABLE AGE	NATURE OF INJURY/CAUSE	PROVISIONS AND CONDITIONS OF IMMUNITY	ABROGATION OF EVIDENTIARY PRIVILEGES	PENALTY FOR ABUSING
MISSISSIPPI 1966 Amendment to Code of 1942, Sec. 7185-01 to 7185-16	1973-"An act to amend Sections 7185-05, 7185-08 and 7185-13, Mississippi Code of 1942, to provide youth court judges alternative assignees for social investigations; to clarify and provide flexibility to adjudicatory hearing rules; to require county or district attorneys to attend to youth court matters; to clarify "Battering"; to create a new crime of felonious battery of a child..." 1977 Amend to further protect children, to provide immunity, to provide for the appointment of GAL.	Implied	Under the age of 18	Battered & Abused Child-"...parent or guardian has inflicted serious physical injury, sexual abuse, or injuries other than by accidental means. In addition to physical injuries, abuse encompasses a situation in which a child's mental health has been adversely affected as determined by examination by competent mental health professionals." Neglected-"...A child whose parent or guardian...neglects or refuses, when able to do so, to provide proper care or support, education as required by law, or medical surgical, or other care necessary for his well-being; or who is otherwise without proper care, custody, supervision, or support or who... lacks the special care made necessary for him by reason of his mental condition ...; or who...lacks care necessary for his health, morals or well-being; or who is found in a disreputable place or associates with vagrant, vicious or immoral persons. No child being treated in good faith by spiritual means in accordance with the practices of a recognized church shall for that reason alone be considered medically neglected.	Any person, designated by law to report, who participates in making a report or participates in a judicial proceeding shall be presumed to be acting in good faith and... shall be immune from any liability, civil or criminal...	Physician's testimony shall not be excluded on the grounds of violation of the physician-patient privilege. "The physician's report shall not be considered as evidence unless introduced as an exhibit...."	Any caretaker who commits any act or who omits any duty which act or omission results in the abuse, battering, neglect or delinquency of any child, and any parent who knowingly helps a child escape or conceals him from the custody of another person, or agency, shall be guilty of a misdemeanor and punishable by a fine of not more than $500.00 or by imprisonment of not more than six months, or both. Any person who intentionally burns or tortures to prevent bodily harm to a third party, whip, strike or otherwise mutilate any child...shall be guilty of a felonious abuse and punishable by imprisonment of not more than 20 years.

TABLE 1--Continued

STATE	AMENDMENTS	STATEMENT OF PURPOSE	REPORTABLE AGE	NATURE OF INJURY/CAUSE	PROVISIONS AND CONDITIONS OF IMMUNITY	ABROGATION OF EVIDENTIARY PRIVILEGES	PENALTY FOR ABUSING
NORTH CAROLINA N.C. Gen. Stat. Sec. 8-53.1 14-318.2, 14-318.3 (1965)	1971-(Chapter 710-HB548) Reporting mandatory; husband-wife privileges waived; provided for medical facility or physician to retain temporary custody of a child if releasing would be dangerous to the child; added purpose clause, and made child abuse a general misdemeanor. 1973-Amended to include further categories of persons who should report. 1977-(Chapter 786-HB514) Mandatory notification to reporter after investigation, court review of decisions to return children to parents, directs the Department of Human Resources to develop a statewide protective service plan, professional reporting responsibility for staff of day-care centers.	"...To identify any children suspected to be neglected or abused and to assure that protective services will be made available to such children and their families...that future abuse or neglect will be prevented, and to preserve family life of the parties involved where possible by enhancing parental capacity for good child care."	Under the age of 18	The risk of or actual physical injury inflicted other than by accidental means, sexual abuse, or neglect.	From any civil or criminal liability, with respect to reporting and participating in judicial proceedings..."unless such person acted with malice and without reasonable cause."	"Neither the physician-patient privilege nor the husband-wife privilege shall be grounds for excluding evidence of child abuse or neglect in any judicial proceeding (civil, criminal, or juvenile) in which a child's abuse or neglect is in issue, nor in any judicial proceeding resulting from a report...."	General misdemeanor.

TABLE 1--Continued

STATE	AMENDMENTS	STATEMENT OF PURPOSE	REPORTABLE AGE	NATURE OF INJURY/CAUSE	PROVISIONS AND CONDITIONS OF IMMUNITY	ABROGATION OF EVIDENTIARY PRIVILEGES	PENALTY FOR ABUSING
SOUTH CAROLINA Act No. 1068 (1972)	Amended in 1974 and 1976 to increase the age to 18 and to require reports of cases of child abuse by additional persons. Calendar No. H2796 (1977). A pending bill in the General Assembly.	To save them from injury and harm by establishing an effective reporting system and encouraging the reporting of children in need of protection; by establishing an effective system of services throughout the State to safeguard the well-being and development of endangered children and to preserve and stabilize family life, whenever appropriate; by establishing fair and equitable procedures, compatible with due process of law to intervene in family life with the regard to the safety and welfare of all family members and by establishing an effective system of protection of children from injury and harm while living in public and private residential agencies and institutions meant to serve them.	Under the age of 18	Abused or neglected Child-means a child whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of his parent, guardian or other person responsible for his welfare.	From liability both civil and criminal with respect to reporting or participating in judicial proceedings...if in good faith.	Section 10. The privileged quality of communication between husband and wife and any professional person and his patient or client, except that between attorney and client or priest and penitent.	

TABLE 1—Continued

STATE	AMENDMENTS	STATEMENT OF PURPOSE	REPORTABLE AGE	NATURE OF INJURY/CAUSE	PROVISIONS AND CONDITIONS OF IMMUNITY	ABROGATION OF EVIDENTIARY PRIVILEGES	PENALTY FOR ABUSING
TENNESSEE Tenn. Code Annotated Sect. 37-1201 to 37-1207 (1965) repealed by Senate Bill No. 160 Public Chapter No. 81 (1973)	Senate Bill No. 160 (1973) "An act to provide mandatory child abuse reports; to provide for the protection of children who are victims of brutaility, abuse or neglect; to establish procedures for the investigation and reporting of child abuse; to establish a central registry and controlled access to its records; to provide for enforcements and penalties; to repeal Tenn. Code Annotated, Sections 37-1201 through 37-1207, relative to child abuse; and to amend Tenn. Code Annotated, Section 37-202, relative to dependent and neglected children; Section 37-248, relative to appointment of guardian ad litem, Section 38-601, relative to reports of certain types of injuries, and Chapter 10 of Title 39, relative to injury and neglect of a child." Senate Bill 963 House Bill 1056 (1977) An act for the protection of children from abuse or neglect, to provide procedures and standards for such protection, including termination of parental rights and to amend Tenn. Code Annotated, Sections 37-1203, 37-1205, 37-1206, 37-1209, 37-202, 37-203, 37-209, 37-230, 37-236, 37-246, 37-248, 37-249, 33-306, 40-1705, Senate Bill No. 412 (1977) Amendments relative to certain assaultive offenses.	"The purpose of this Chapter is to protect children whose physical or mental health and welfare are adversely affected by brutality, abuse or neglect ...It is intended that the protective services of the State shall be brought to bear on the situation to prevent further abuses; to safeguard and enhance the welfare of children, and to preserve family life...."	Under 18	"...any wound, injury, disability, or physical or mental condition which is of such a nature as to reasonably indicate that it has been caused by brutality, abuse or neglect or which...reasonably appears to have been caused by brutality, abuse or neglect...."	From any liability, civil or criminal, with respect to reporting (no explicit statement of immunity with respect to judicial proceedings) ...presumption of acting in good faith.	"Neither the husband-wife privilege...nor the psychiatrist-patient privilege...nor the psychologist-patient privilege...is a ground for excluding evidences regarding harm or the cause of harm to a child...."	Aggravated assault and punishable by not less than one nor more than ten years imprisonment.

TABLE 1--Continued

STATE	AMENDMENTS	STATEMENT OF PURPOSE	REPORTABLE AGE	NATURE OF INJURY/CAUSE	PROVISIONS AND CONDITIONS OF IMMUNITY	ABROGATION OF EVIDENTIARY PRIVILEGES	PENALTY FOR ABUSING
MODEL: Principles and Suggested Language		"To provide for the protection of children... causing the protective services of the State to be brought to bear in an effort to protect the health and welfare of these children and to prevent further abuses."	Recommends maximum age of juvenile court jurisdiction in the State be used.	Serious physical injury or injuries inflicted other than by accidental means.	From any liability, civil or criminal, with respect to reporting and participation in judicial proceedings...participation in good faith.	Physician-patient Husband-wife	None

TABLE 2

STATE	CONDITIONS INITIATING REPORT	TYPE REPORT	REPORT: HOW MADE	WHO REPORTS	TO WHOM REPORTED	LEGISLATIVE DIRECTIONS	PENALTY FOR FAILURE TO REPORT	GUARDIAN AD LITEM
ALABAMA	"...if child is known or suspected to be a victim of child abuse and neglect.	Non-accusatory. Mandatory for those who are required to report. Permissive for those who have reasonable cause to suspect child abuse and neglect.	"...orally, either by telephone or by direct communication immediately, followed by a written report.	All hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, police officers, pharmacists, social workers, day care workers or employees, mental health professionals, and any other person called upon to render aid or medical assistance to any child..." (Mandatory) In addition...any person may make a report if he has reasonable cause to suspect that a child is being abused or neglected. (Permissive)	The chief of police, the sheriff, the department of pensions and securities or anyone designated by the department of pensions and security to receive child abuse and neglect reports. When reports are made to agencies other than the department of pensions and security, those agencies are to notify the department of pensions and security.	Upon receiving a report the department of pensions and security shall make a thorough investigation and make a written report with its recommendations. Such reports may be made available to the appropriate court, the district attorney, and the appropriate law enforcement agency. Further to make a case summary for submission to the central registry.	"Any person who knowingly fails to make a report... shall be guilty of a misdemeanor... sentence of nor more than six months or a fine of not more than $500.00."	An attorney is appointed to represent the child in all judicial proceedings involving abused or neglected children. (Mandatory) The attorney will safeguard the child's rights, interests and well-being and serve as guardian ad litem for the child.

TABLE 2--Continued

STATE	CONDITIONS INITIATING REPORT	TYPE REPORT	REPORT: HOW MADE	WHO REPORTS	TO WHOM REPORTED	LEGISLATIVE DIRECTIONS	PENALTY FOR FAILURE TO REPORT	GUARDIAN AD LITEM
FLORIDA	"...reason to believe that a child has been subject to abuse..."In consideration of physical injury, the following items shall be considered evidence of maltreatment before the report is required: (a) Characteristic distribution of fractures; (b) Disproportionate amount of soft tissue injury; (c) Evidence that injuries occurred at different times or are in different stages of resolution; (d) Cause of recent trauma in question; (e) Family history; (f) History of previous episodes; and (g) No new lesions occurring during the child's hospitalization or removal from custody of a parent or caretaker.	Non-accusatory. Mandatory... shall report or cause reports to be made...	Oral immediately by telephone or otherwise... followed as soon thereafter as possible by a report in writing.	"Any person, including, but not limited to any physician, nurse, teacher, social worker, or employee of a public or private facility serving children."	Department of Health and Rehabilitative Services.	The department shall cause an immediate investigation to be made. If the department has reason to believe that a child has been criminally abused, it shall immediately and orally notify the State Attorney, who shall assist local law enforcement officers in the investigation of the case. The department shall secure the cooperation of law enforcement officers, courts of competent jurisdiction, and other appropriate state and local agencies providing human services.	Knowing and willful violating the Act...misdemeanor of the second degree.	May be appointed.

TABLE 2-Continued

STATE	CONDITIONS INITIATING REPORT	TYPE REPORT	REPORT: HOW MADE	WHO REPORTS	TO WHOM REPORTED	LEGISLATIVE DIRECTIONS	PENALTY FOR FAILURE TO REPORT	GUARDIAN AD LITEM
GEORGIA	"...having cause to believe.	Accusatory. "...injury or injuries inflicted by a parent or caretaker. Mandatory for those who are required to report. Permissive for those believe child abuse and neglect.	An oral report shall be made immediately by telephone or otherwise, and followed by a report in writing, as designated by the Department of Human Resources, or in the absence of such agency, to an appropriate police authority.	Physicians, treating personnel, institutions and others. Any physician, including any doctor of medicine licensed to practice under Chapter 84-9 of the Code of Georgia 1933, as amended, licensed osteopathic physician, intern, resident, dentist, psychologist, podiatrist, public health nurse, social worker, teacher, school administrator, child care personnel, day care personnel, or law enforcement personnel.	Child welfare agency providing protective services or in absence of such agency to an appropriate police authority.	Implied	Guilty of a misdemeanor and upon conviction thereof punishable as for a misdemeanor.	None by Law

TABLE 2-Continued

STATE	CONDITIONS INITIATING REPORT	TYPE REPORT	REPORT: HOW MADE	WHO REPORTS	TO WHOM REPORTED	LEGISLATIVE DIRECTIONS	PENALTY FOR FAILURE TO REPORT	GUARDIAN AD LITEM
KENTUCKY	"...knows or has reasonable cause to believe that a child is an abused or neglected child."	Non-accusatory. Mandatory for those who are required to report.	Immediately by telephone or otherwise to the Bureau of Social Services or to its representatives. A report in writing will follow within 48 hours if so required by the bureau. The Bureau sends a copy of all physical or sexual abuse reports to the appropriate law enforcement agency.	Any physician, osteopathic physician, nurse, teacher, school personnel, social worker, coroner, medical examiner, child caring personnel, health professional, resident, intern, chiropractor, dentist, optometrist, peace officer, mental health professional or other person.	Bureau of Social Services or its designated agent.	The Bureau of Social Services will investigate all reports, offer protective services to the child, prevent further abuse or neglect of this or other children in the same care, and "preserve and strengthen family life... by enhancing parental capacity for adequate child care."	"Knowing and willfully violating...guilty of a Class B misdemeanor.	No provision.

TABLE 2-Continued

STATE	CONDITIONS INITIATING REPORT	TYPE REPORT	REPORT: HOW MADE	WHO REPORTS	TO WHOM REPORTED	LEGISLATIVE DIRECTIONS	PENALTY FOR FAILURE TO REPORT	GUARDIAN AD LITEM
MISSISSIPPI	...having reasonable cause to suspect that ...child is a battered, abused, and/or neglected child.	Mandatory for those who are required to report.	An oral report is made immediately by telephone or otherwise and followed...by a report in writing to the county welfare department.	"Any licensed doctor of medicine, licensed doctor of dentistry, intern, resident, registered nurse, psychologist, teacher, social worker, school principal, child care giver, minister, or any law enforcement officer.	To the county welfare department and thereafter a referral shall be made by the welfare department to the person designated by the judge of county youth court or family court.	The Youth Court may order the Public Welfare Department, any successor agency, or any other qualified public employee to make a social investigation and present these findings to the court. The court may make an informal adjustment for the child's sake, with or without a petition...or request that a petition be filed. In urgent circumstances, the State Department of Public Welfare may take a child from the custody of its caretaker. The department must immediately file a written report to the court and a petition within five days. Penalty for disclosing information.	Guilty of a misdemeanor and, upon conviction, may be fined not more than $500.00 or imprisoned for not more than six (6) months or both.	"In every case involving an abused or neglected child which results in judicial proceeding a guardian ad litem shall be appointed to represent the child."

TABLE 2-Continued

STATE	CONDITIONS INITIATING REPORT	TYPE REPORT	REPORT: HOW MADE	WHO REPORTS	TO WHOM REPORTED	LEGISLATIVE DIRECTIONS	PENALTY FOR FAILURE TO REPORT	GUARDIAN AD LITEM
NORTH CAROLINA	"Any professional person who has reasonable cause to suspected or any other person having knowledge that any child is an abused child...."	Non-accusatory. Mandatory... shall report...	Oral or telephone or written.	Any professional personal; any person.	County director of social services.	The county director of public welfare shall investigate ...and shall take such action as is necessary to protect child and prevent further abuse.	None	Mandatory (not part of the law yet. Issue is pending in the General Assembly)

TABLE 2-Continued

STATE	CONDITIONS INITIATING REPORT	TYPE REPORT	REPORT: HOW MADE	WHO REPORTS	TO WHOM REPORTED	LEGISLATIVE DIRECTIONS	PENALTY FOR FAILURE TO REPORT	GUARDIAN AD LITEM
SOUTH CAROLINA	Having reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect.	Non-accusatory. Mandatory for those who are required to report. Permissive for others who may report.	Orally or by telephone or otherwise.	Any physician, nurse, dentist, optometrist, medical examiner or coroner, or any other medical, mental health or alied health professional. Christian Science practitioner, religious healer, school teacher or counselor, social or public assistance worker, child care worker in any day care center or child care institution, police or law enforcement officer.	To the county department of social services, or in the alternative, to a law enforcement agency in the county where the child resides or is found.	Within 24-hours of the receipt of a report of suspected child abuse or neglect, the agency shall commence an appropriate and thorough investigation to determine whether a report of suspected child abuse or neglect is "indicated" or "unfounded." The finding shall be made no later than 60 days from the receipt of the report. In conducting the investigation if the facts so warrant the agency investigator may petition the Family Court of the appropriate judicial circuit for a warrant to inspect the premises and condition of the child subject of the report. The Family Court shall issue the inspection warrant upon probable cause to believe the child is abused or neglected.	Misdemeanor not more than $500.00 or not more than six months or both.	Mandatory if child is subject to judicial proceedings.

TABLE 2-Continued

STATE	CONDITIONS INITIATING REPORT	TYPE REPORT	REPORT: HOW MADE	WHO REPORTS	TO WHOM REPORTED	LEGISLATIVE DIRECTIONS	PENALTY FOR FAILURE TO REPORT	GUARDIAN AD LITEM
TENNESSEE	Any person having knowledge of or called upon to render aid...	Accusatory. Misdemeanor under State's criminal laws. Mandatory... shall report.	Immediately by telephone or otherwise.	Any person	Juvenile court judge or to the county office of the Department of Public Welfare or to the office of the sheriff or the chief law enforcement official of the municipality where the child resides. If the case appears to involve severe child abuse, the county director of the department shall immediately notify and consult with the district attorney general where the harm has occurred.	The local director of the department of public welfare shall make an investigation and report its findings to the juvenile court judge without delay.	Misdemeanor; knowingly fails to make a report, not more than $50 or not more three months, or both fine imprisonment.	Required by law.

TABLE 2-Continued

STATE	CONDITIONS INITIATING REPORT	TYPE REPORT	REPORT: HOW MADE	WHO REPORTS	TO WHOM REPORTED	LEGISLATIVE DIRECTIONS	PENALTY FOR FAILURE TO REPORT	GUARDIAN AD LITEM
MODEL Principles and Suggested Language	...reasonable cause to suspect.	Accusatory; injury or injuries inflicted by a parent or other person responsible for a child's care. Mandatory; ...shall report or cause reports to be made.	Oral report by telephone or otherwise and followed as soon thereafter as possible by a written report.	Any physician, including any licensed doctor of medicine licensed osteopathic physician, intern and resident.	Appropriate police authority.		Misdemeanor; knowing and willful violation.	

NOTE: The following material is presented as a resource paper for Module VIII. The format is not the same as in the training modules. The content is not developed specifically for protective services staff but for attorneys who may represent clients in juvenile courts. However, an examination of the material will indicate that the subject matter is relevant to the protective service worker. It presents the juvenile court process as it usually occurs and provides an indicator of relevant laws and procedures. The protective service worker's understanding of the system (legal and service) will be sorely limited if he does not know the court process. (Though the content is based upon the State of Georgia much of it is relevant to any state.)

IN THE JUVENILE COURT OF YOUR COUNTY

GEORGIA

IN THE MATTER OF)
DEPRIVED CHILDREN)

By
ALAN R. TUREM, Attorney

A REFERENCE HANDBOOK FOR ATTORNEYS

PREPARED FOR THE ATLANTA
COUNCIL OF YOUNGER LAWYERS --
CHILD ABUSE COMMITTEE

I. Introduction

The purpose of this handbook is to introduce--and define--the parameters within which attorneys must operate when dealing with a case involving a deprived child.

This handbook will be of only limited use to those handling "delinquency" cases, although much which is said herein will be applicable to such proceedings. In addition, it is also not intended that this handbook be an indepth study, but, rather, a brief attempt at introducing what has heretofore been an esoteric part of our law.

II. Overview

For the vast majority of cases involving deprived children, the Juvenile Court will be the appropriate forum.[1] For all practical purposes, the Juvenile Court is a "special" court and is not subject, per se, to the Civil Practice Act (C.P.A.).[2] Thus, when involved with the Juvenile Court, an attorney must be conversant with Title 24A[3] of the Georgia Code, in its entirety, if effective representation of the client's interest is to be accomplished.

Notwithstanding the fact that the Juvenile Court is governed by its own unique procedures and rules, it must be kept in mind that the rules of evidence have not been altered and are fully applicable to all court proceedings. The few exceptions are set forth below.

III. Commencement of Proceedings[4]

A. Pre-judicial Intervention

Anyone can report a suspected case of an abused or neglected child[5] (for purpose of this handbook, these two terms will be used interchangeably with the term "deprived"). Reports of such cases may be made to the police or to the local Department of Family and Children Services (DFCS).

Once DFCS comes into the picture, the case may or may not end up in the courts, each case depending on its own unique set of facts.

It is the purpose of the Protective Services staff of DFCS to protect the child, yet attempt to maintain the child in his home; i.e., maintain, where possible, the parent-child relationship. The various services available for elimination of the causes of the abuse and neglect may prove successful enough to allow the child to remain in the home. The author was informed by DFCS officials that less than 15% of all reported cases of abuse and neglect find their way into the Juvenile Court system.

B. Judicial Intervention

The next step involving a deprived case is the filing of a petition with the Juvenile Court. Generally this is done at the instance of a protective service worker, either in his/her name or through an attorney which the Department of Human Resources (DHR) has hired to present the case for the State. This is the point at which the attorney will become involved in the case.

C. Petition Filed

1. If the child is not taken into custody by the State, or retained by the State (i.e. held in detention), then the Adjudicatory[6] hearing must be heard within sixty (60) days from the date of filing[7] of the petition declaring the child to be deprived.

2. If the child is held in detention pending the Adjudicatory hearing, then the Adjudicatory hearing must be held within ten (10) days (not working days, but ten consecutive days[8]) from the time that a deprived petition is filed.[9] As is set out more fully below, if the State keeps the child in detention then a hearing must be held within seventy-two (72) hours (excluding weekends and holidays) from the time that such detention began.[10]

D. Summons

Summons shall be served on parents, guardians, guardians ad litem, other custodians and any proper and necessary party, as determined by the court.

The usual rules apply regarding the summons and the information that they must contain.[11]

F. Hearings

1. Detentional
2. Adjudicatory
3. Dispositional
4. Termination of Parental Rights

IV. The Problem

Even before one gets involved in this type of case, there must be a basic understanding of the purpose and the type of cases which come before the Juvenile Court.

The purpose[12] is to protect children from what is generically referred to as abuse and neglect. The generally accepted theory upon which the State acts is known as the Parens Patriae Doctrine--literally the sovereign or father.

The State steps in through its parens patriae power and acts as father (or family) to the child, (in loco parentis) to insure that he/she will grow up into a useful and productive member of our society. In essence then the purpose of the Juvenile Court is child oriented. Unfortunately, the child sometimes gets overlooked in the very process which was created for his/her benefit. It is the attorney's duty, especially if he/she represents the child, to see to it that this does not happen.

Ga. Code Ann. §24A-401(h) defines a "deprived child" as one who

> "(1) is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his physical, mental, or emotional health, or morals; or
> (2) has been placed for care or adoption in violation of the law; or
> (3) has been abandoned by his parents or other legal custodian; or

(4) is without a parent, guardian or custodian."

Needless to say, case law has had to fill in most of the gaps. There are, however, a few good cases worthy of mention at this point which will provide some guidelines into this very emotion laden area of the law. In addition, some of the elements used in change of custody or modification proceedings will be applicable in these proceedings.

A. Physical Abuse

Physical abuse may appear to be the easiest type of abuse to define, but it is not. Community standards are involved as well as human intolerance. Severe beatings, usually with some type of instrument are one of the more common forms of physical abuse. Cigarette burns, cutting with sharp objects, kickings, broken bones, all are indicators that physical abuse has occurred. Case citations are provided at the time of this report to several cases which will deal with physical abuse.

Also in the physical abuse area, but perhaps more appropriately called physical neglect (although the law, per se, does not recognize this classification), are cases which involve starvation, exposure to extreme elements, lack of medical attention [there is an exception: See §24A-401) (5).], and children being left for very long periods of time without adequate supervision.

B. Emotional Abuse

Case law regarding emotional abuse has been slow in developing in Georgia. Even so, there are now several good cases which deal with the problem. One of the leading cases in this area is that of In re Levi[13] in which the Court said that "(d)eprivation of love and nurture is equally as serious as mental or physical disability."[14] In this case the natural mother had her rights terminated because she did not care for the child, having had her for only one of 18 months and not indicating a desire to be reunited with the child.

The other leading case in this area is that of Elrod v. Hall County Department of Family and Children Services.[15] In summarizing cases dealing with deprived children and their parents, the Court summed up its findings in this way:

> "The thread running through these cases not only manifests moral unfitness, physical abuse and abandonment by the parent or parents but also reflects a condition of frequent moves from home to home thereby lessening the probability of development of a meaningful parent-child relationship, as well as probable deprivation of a sound environment founded in love and nurture. These cases found a substantial danger of a child suffering emotional harm[16] as well as physical, mental, or moral harm." (Emphasis theirs.)

It is extremely difficult in a brief handbook of this kind to give enough detailed information to properly prepare an attorney to represent his/her client. Suffice it to say that the attached case references should help orient an attorney in his/her attempts to understand the magnitude of the problem involved in such cases.

V. The First Step--The Detentional (or "72 hour" hearing)

The Code and the case law clearly state that a child is entitled to representation at this stage of the process.[18] Notwithstanding the many questions which exist as to representation and when (or even if) it can be waived, many attorneys will find themselves thrown into a deprived case with little or no advance notice. To put it another way, once it is determined by the appropriate authorities that the child needs to be retained by the State, in order to protect the child, then a 72 hour or detentional hearing must be held. This means that an attorney representing the child may have as little notice as one hour in which to go down to the Courthouse and represent his/her client's interest.

The purpose of this hearing is to justify the continued detention of the child.[19] Many judges (or referees, as is often the case) state that "probable cause" of deprivation must first be shown in order to invoke the court's jurisdiction. Then it must be demonstrated that the child's personal safety (best interest) is better served by his/her being removed from the caretaker. If representing the parents, the attorney's position will be to keep the child at home. However, it is at this point that the canons of ethics and human feelings begin to merge. There are many cases in which the parents will admit to the attorney under the privilege that they have severely abused their child. What does the attorney do? Does he or she fight with vigor to have the child returned to the parents, notwithstanding the fact that the attorney knows that the same thing may happen again, perhaps even result in permanent damage or death to the child? There are no answers at this point. The parents are entitled to representation, and criminal charges could grow out of such a hearing. On the other hand the parents' attorney owes no allegiance to the child. It will be a long time before the Bar faces squarely the above problem and all that it entails.

If the attorney represents the child, then the job is to determine what is best for the child in light of the facts revealed at this stage. If possible, time permitting, the attorney should contact as many sources for information as possible, including a visitation to the caretaker's home, obtaining of any medical records which may exist as to the child's health and other relevant factors pertaining to the background of the caretakers. The law's preference is that the child stay at home. But that is only a preference, and must give way to the physical, mental and emotional safety of the child. The state has short-term foster homes in which to place deprived children. In addition, relatives or close friends can be given custody pending the adjudicatory stage. As attorney for the child, all of these alternatives must be carefully weighed, especially if a very young child is involved. The State will make its initial recommendations. Since this is about a detentional hearing, it can be presumed that the State wishes to have the child placed elsewhere because of possible harm to the child.

VI. The Second Step--The Adjudicatory Stage

This is the stage in which the case is "tried." The State presents its evidence to show that the child is deprived. The attorney for the parents tries to rebut that evidence and the guardian ad litem (as discussed below, the attorney for the child) seeks to insure that the child's side is fully presented. It may or may not be consistent with that of either party and need not automatically follow the recommendations of the State.

Evidence submitted must conform to the rules of evidence. Proper civil procedure must be adhered to. While not called an adversary proceeding, that, nonetheless, is what it is. The Court wants the true facts. It is the attorney's job, regardless of the side, to set before the court those facts which it seeks. From expert testimony to character witnesses, the procedure is just like any other civil matter.

At this point it is necessary to note that there is no jury in juvenile proceedings, nor is there a right to one.[20] In addition, all proceedings are recorded, and the general public is excluded.[21]

Once the case is heard, the court then makes its findings. If, from clear and convincing evidence, the court determines that the child is deprived, the proceedings will continue to the next stage. There is no appeal from this finding. Appeal must wait until a final order is entered after the next stage.[22]

VII. The Third Step--Dispositional Stage

After a finding of "deprived," the court will usually order an investigation, as preparation for hearing the dispositional.[23] It is at this stage that attorneys find themselves in something of a unique situation. For it is here that one argues other circumstances, such as rehabilitation or forgiveness. It is also at this hearing that the rules of evidence become somewhat "loose" and hearsay may be admitted under certain circumstances. It is also the stage in which a new kind of weapon is brought to bear--"psychological warfare."

To understand the Dispositional, look first at the broad powers of the Juvenile Court to deal with a child found to be deprived. That authority is found in Ga. Code Ann. §24A-2301. The Code gives the following power to the Juvenile Court: to place the child back in the home of the child's parent or caretaker, "subject to conditions and limitations as the court prescribes, including supervision as directed by the court for the protection of the child," to place the child with an individual found suitable by the court, or an organization or agency licensed to care for such children, any public agency authorized to care for such children, or an out of state individual.

Once the alternatives to disposition are known, each attorney involved will be able to present his/her side of the story, as best suits the client. For the parents, it is whether or not they are still capable of caring and loving the child (with, perhaps, some sort of supervision). For the child, it is what will benefit him/her best. The attorney for the child must keep in mind the heavy presumption that the purpose of the law is to maintain the parent-child relationship, where possible. The court is not likely to treat "removal" lightly.

Perhaps the governing choices will vary according to the availability of the resources to aid the child. This is what is different about the juvenile process--the utilization of social services and other community resources to aid the client, be it parent or child. With available aid, many homes an be rehabilitated so that "normal" parent-child relationships can be maintained and the child can continue to reside with his/her natural parents.

In many settings, the types and quality of outside or community resources are severly limited. This harms the child more than the parents. For instance, if no foster homes, group homes or agencies are available to care for a deprived child, then he/she may well remain in the parental home, given what limited supervision DFCS has to offer. This problem, fortunately, seldom occurs, but it exists in varying forms everywhere. Thus it is incumbent upon the child's attorney to be familiar with the available community resources and to understand the recommendations made by the State at the dispositional. If neither the State nor the parents make recommendations which are not suitable for the child, the child's attorney has a responsibility to make alternative recommendations to the court. Failure to do so is a failure to adequately represent the client. Thus, perhaps in no other area of the law, must an attorney be so aware of and make recommendations regarding the alternative methods of dealing with the disposition of a deprived child.

VIII. A Possible Fourth Step--Termination of Parental Rights

Under certain circumstances, the parental rights of the parents may be terminated. As a practical matter, rights are not generally terminated immediately. DFCS first attempts to work with the parents in order to reunite the child with the parents. If this fails, and a suitable home is available for the child, DFCS may petition the court for termination. Again, rights are not generally terminated unless the child is adoptable. Unofficial Department policy is that parental rights are generally not terminated unless the child can be adopted, since "there is no sense leaving a child without parents."

The termination of parental rights is done by a petition which specifically states that such rights are to be terminated. Ga. Code Ann. §24A-3202 sets forth the other elements to be found in the petition. At the hearing, a finding of fact must be made (clear and convincing) that the child is deprived and that the deprivation is likely to continue and that by virtue of this fact the child will probably continue to suffer serious physical, mental, emotional or moral harm. Once such a finding is made, the rights are terminated and the child may be turned over to DFCS, an adoption agency, or placed in a foster home. Needless to add, that which has already been said about client representation applies to this particular hearing.

Before leaving this section, it must be noted that psychiatric testimony, along with other types of expert testimony, plays an important role in this type of case, whether the attorney represents the parent of the child. In fact, it is almost impossible to deal with any of these cases without employing some form of medical expertise. For those representing the child, the State will be obligated to pay the expenses for calling these witnesses, since they make up an intricate part of the case.

IX. Guardian Ad Litem--Old Concept, New Purpose

Heretofore this report has talked about the attorney who represents the child. In fact the child has a right to counsel in this proceeding and may demand one at any stage of any proceedings. In addition to this right to counsel, a new dimension ahd been added to the procedures involved, that of guardian ad litem (GAL) for the child. As a general proposition, the GAL and the attorney for the child are one and the same person.

The Code does not define the term. At common law it was someone who was appointed to insure that the child's interest in a suit was adequately protected. It was a temporary arrangement and ended when the litigation ended. The guardian would retain an attorney and generally look after child's interest insofar as it pertained to the law suit (as perhaps estate matter).

What is the role of the GAL in deprivation matters? In the opinion of the author, that purpose is to act in loco parentis during the pendency of the petition. This point will be elaborated on in a moment. First look at Ga. Code Ann. §24A-2301:

> "The court at any stage of a proceeding under this Code Title 24A, on application of a party or on its own motion, shall appoint a guardian ad litem for a child who is a party to the proceeding if he has no parent, guardian, or custodian appearing on his behalf or their interests conflict with his or in any other case in which the interests of the child require a guardian." (Emphasis added.)

Many writers and judges have publicly expressed the opinion that all deprivation cases involve such an obvious conflict of interest that a GAL should be appointed in EVERY case. The logic speaks for itself.

Many courts have taken this logic to heart and as a matter of policy appoint a GAL in every case involving a deprived child. Fulton County Juvenile Court is one such court. States that have complied with the Child Abuse Prevention and Treatment Act,[24] now have State laws which make it mandatory that a GAL be appointed in deprivation cases.

The role of GAL is broader than that of attorney. At common law a GAL and an attorney were not the same, but as used today, they are generally one and the same. Thus one appointed a GAL has a broader duty than just representing his or her client. The real problem is that no one has bothered to define the limits of this role. At a minimum, it means that the GAL is partially responsible for the child's immediate welfare, both in and out of the courtroom. Of course, the role of GAL is normally terminated by the Court (by order) at the end of the Dispositional Hearing. However, new questions are being raised every day whether or not the role of GAL, as it is being applied today in this country, really can or should be terminated until such time as the Court is satisfied that the disposition of the child is proved to be in his best interest.

It is not the purpose here to deal extensively with the emerging concept of GAL. Rather, the discussion above is made merely to place the reader on notice that the selection of a GAL entails responsibilities greater tthan mere representation. Only time and trial will determine both the scope and depth of these powers.

X. Summary

It is not possible here to put the material necessary to provide full acquaintance to the field of law known as the juvenile process-"deprivation. Last year alone there were over 25,000 suspected cases of of abuse and neglect in the State of Georgia. And the problem is a continuing one. Analysis of research data indicates that abused and neglected children tend to be abusing and neglecting parents. If this be so, then we are facing a very vicious cycle that will have a severe effect upon our society. It has already been demonstrated that over half of the crime in this country is done by children under the age of 18. What is not generally revealed is that many of these same children are also the object of abuse and neglect. Within the next year or so, studies will show a relationship between children who are delinquent and the fact that their home life would justify a finding that they would be deprived children under the law.

If we are to help solve the problems and break the cycle, attorneys must be prepared to fully represent their clients. This can be done best through an understanding of the problem itself and its cause. The attorney's responsibilities are large ones and he/she must be prepared to carry them forward in the tradition that has distinguished the profession.

NOTES

1. While Title 24A (Juvenile Court Code of Georgia) gives original jurisdiction to the Juvenile Courts to handle deprivation cases, some cases involving children who are deprived will start out as Habeas Corpus cases.

2. "The Juvenile Court Code is a general law which was passed subsequently to the Civil Practice Act..., and establishes courts which are not bound by the rules of procedure of the [C.P.A.], although such rules may be adopted by the Juvenile Courts as to all procedures not specifically provided for in the Juvenile Court Code". English v. Milby, et. a., 233 Ga. 7; 209 S.E. 2d 603, 605 (1974).

3. Title 24A (Acts 1971, pp. 709, 710, and as amended). Hereinafter all cites to Title 24A shall be as follows: Ga. Code Ann. §24A-__________.

4. We are dealing here with only those cases which are brought before the Juvenile Courts. However Attorneys may have occasion to deal with deprivation cases before they get into the judicial system. Unfortunately, this area has not been too well developed and is not within the scope of this Handbook.

5. Ga. Code Ann. §74-111 contains this State's reporting law. It imposes on certain professions (mostly medical) a mandatory duty to report cases in which they have "cause to believe" that a child is being neglected or abused. (Acts 1965, p. 588; 1968, p. 1196; 1973, pp. 309, 310; 1974, p. 438)

6. "Adjudicatory" is the generic name given to the fact-finding stage of the deprivation process. It is at this stage that a determination is made of whether or not the child is deprived.

7. Ga. Code Ann. §24A-1701(a).

8. Brown v. Fulton County DFCS, 136 Ga. App. 308, 220 S.E. 2d 790 (1975)

9. Ga. Code Ann. §24A-1701(a)

10. Ga. Code Ann. §24A-104(c)

11. See generally Ga. Code Ann. §§24A-1701, 1702

12. Ga. Code Ann. §24A-101:

> "This Code [Title 24A] shall be liberally construed to the end that children whose well-being is threatened shall be assisted and protected and restored, if possible, as secure law-abiding members of society; and that each child coming within the jurisdiction of the court shall receive, preferably in his own home, the care, guidance, and control that will conduce to his welfare and the best interests of the State, and that when he is removed from the control of his parents the court shall secure for him care as nearly as possible equivalent to that which they should have given him." (Acts 1971, pp. 709, 710)

13. 131 Ga. App. 348; 206 S.E. 2d 82 (1974)

14. Id. at p. 85

15. 136 Ga. App. 251; 220 S.E. 2d 726 (1975), reh's den'd.

16. Id. at p. 729

17. Ga. Code Ann. §24A-1404(c)

18. Ga. Code Ann. §§24A-1404(c), 2001(a). T.K. v. State, 126 Ga. App. 269; 190 S.E. 2d 588 (1972)

19. Ga. Code Ann. §24A-1401

20. Ga. Code Ann. §24A-1801(a) McKeiver v. Pennsylvania, 403 U.S. 528 (1971)

21. Ga. Code Ann. §24A-1801(b)

22. D.C.E. v. State of Georgia, 130 Ga. App. 724; 204 S.E. 2d 481 (1974); M.E.B. v. State of Georgia, 230 Ga. 154; 195 S.E. 2d 891 (1973)

23. Ga. Code Ann. §24A-2101(a)

24. 88 Stat. 4 (Mondale Bill)

REFERENCE CASES

Beavers v. Durley, 131 Ga. App. 542; 206 S.E. 2d 543 (1974)

Bennett v. Clemens, 230 Ga. 317; 196 S.E. 2d 842 (1973)

Chambers v. State, 84 Ga. App. 647; 67 S.E. 2d 204 (1951)

Elrod v. Hall County DFCS, 136 GA. App. 251; 220 S.E. 2d 726 (1975)

English v. Milby, 233 GA. 7; 209 S.E. 2d 603 (1974)

Everly v. Everly, 223 Ga. 853; 159 S.E. 2d 78 (1968)

Harman v. State, 133 Ga. App. 720; 213 S.E. 2d 23 (1975)

In re Levi, 131 Ga. App. 348; 206 S.E. 2d 82 (1974)

Meyers v. Georgia, 124 Ga. App. 146; 183 S.E. 2d 42 (1971)

Morris v. D.F.C.S., 127 Ga. App. 36; 192 S.E. 2d 389 (1972)

Moss v. Moss, 233 Ga. 688; 212 S.E. 2d 853 (1975)

Murray v. Hall County DFCS, 137 Ga. App. 291; 223 S.E. 2d 486 (1976)

Newton v. State, 127 Ga. App. 64; 192 S.E. 2d 526 (1973)

Spencer v. Levi, 133 Ga. App. 581; 211 S.E. 2d 622 (1974)

The Appellate Courts of this State have sometimes refused to set forth the particular facts showing the abuse/neglect. Therefore, it will be necessary to go to the Transcript for these facts.

MODULE IX

Intake and Initial Contact

I. Introduction

A. Procedure

1. Preliminary Reading

   a. Dealing with Child Abuse and Neglect, Mary P. Jones, University of Kentucky, 1975.

   b. "Working with Abusive Parents: A Caseworker's View," B. Mitchell, American Journal of Nursing, 73:480-483, March, 1973.

   c. Child Abuse: Intervention and Treatment, Nancy B. Ebeling and Deborah A. Hill (eds), Publishing Sciences Group, Inc., 1975.

2. The time required is two hours.

3. The training is for large groups (not more than 20) or small groups (not less than 8).

4. The method of training is lecture followed by a film and discussion.

B. Process

1. Present the content area and discuss (one hour).

2. Show one of the following films or filmstrips (20 to 30 minutes).

   a. Case Planning and Referral of Child Abuse and Neglect--filmstrip

   b. Investigating Reports of Child Abuse and Neglect--film

   c. Identifying Neglect Before Its too Late--filmstrip

3. Discuss what has been presented. Ask workers to identify what they feel are the most stressful areas or situations in the initial contact. Discuss some ways this stress can be reduced (30 minutes).

II. Content

The content for this module was drawn primarily from two sources:

1) Unit 13, Specialized Training for Social Work Professionals, We Can Help, A Curriculum on the Identification, Reporting, Referral, and Case Management of Child Abuse and Neglect, National Center on Child Abuse and Neglect, Children's Bureau, OCD/OHD/DHEW.

2) Module V, Initial Contact and Service Plan Development, Child Protective Services: A Trainer's Manual, RISWR, Inc.

A. Intake

1. Protective services reports may be received through standard intake routes or through specialized procedures that channel the reporter to a protective services unit. In any case, protective services intake requires specialized knowledge, skill, and training. The information obtained, the manner in which it is obtained, and the response to the report can be critical to the well-being or even the life of a child.

2. Reports are received from numerous sources. Individuals often call asking for help for themselves. Neighbors, relatives or friends are often sources of reports. Public and private agencies, institutions, and facilities that come in contact with children are sources that should be made knowledgeable on how to report.

3. Reports are usually made by telephone. It is important that information be obtained that will help locate the family, will determine if

emergency assistance is needed, and will identify additional sources of information. Basic information should include:

a. Names of those involved (parents, children, etc.);

b. Address and/or location of those involved;

c. Incident precipitating report--witnesses;

d. Present condition of child(ren);

e. Known involvement with other agencies;

f. Additional incidents, other information the reporter feels is vital;

g. Reporter's evaluation as to the safety of the child.

Methods of obtaining the above information should vary if the individual is asking for help for himself. However, this basic information is needed.

4. The reporter's decision to report should be supported. The reporter should be informed of his or her protection under the law and the agency's policy on confidentiality. The reporter should be encouraged to give his name and telephone number and told there might need to be further contacts. In most cases, the agency should contact the reporter at a later date to inform him that the agency has made contact with the family. The details of the case should not be shared. If the reporter has a professional relationship with the family, the worker might discuss the need for the reporter to share with the family the fact that he has made the report.

5. A routine record check should be conducted prior to contact with the family. This might provide additional information about the family. The family might be active and already be assigned a caseworker.

6. The entire investigation/evaluation of the report should be handled as openly as possible with the family. The family should be informed if outside sources of information are going to be contacted. It should not be necessary to share names, but most information obtained should be shared with the parents. Except in cases where there is doubt to the safety of a child, all visits should be made on an appointment basis.

B. Initial Contact

1. When the situation is an emergency the worker should proceed immediately to the location of the family.
    a. A referral from the police should be viewed as an emergency.
    b. A referral from the hospital should be viewed as an emergency.
    c. Situations of abandonment or abuse occurring at the present time should be viewed as an emergency.
2. When the situation is not an emergency a home visit should be made within 24 hours when possible.
3. The protective services worker should be aware of his own reaction to the complaint.
    a. It is normal to be shocked and angry when receiving certain types of complaints.
    b. When such feelings are evoked it is necessary to be aware of and deal with those concerns, so that the worker will be able to begin the development of a relationship with the parents at the initial contact.
4. The worker should have a purpose in the initial contact.
    a. The prime objective is to determine the validity of the complaint.

   - b. Another objective is to assess the possible danger to the child's remaining in the home.
   - c. A final objective is to begin to determine the family's potential for changing its behavior.

5. Workers need to be aware of how they present themselves to the family.
   - a. The initial approach may well determine the success of the entire effort.
   - b. The worker should explain who he is and the agency he represents.
   - c. The worker should explain the reasons for coming to the family.
     - (1) One reason is to determine if problems exist in the home.
     - (2) Another is to assist the family, if in fact there are problems.
   - d. The worker should tell the parents the nature of the complaint.
   - e. If the complaint is not an emergency, the family may be given an option within reason for the time of the initial visit.
   - f. The worker needs to begin dealing with the parents reaction to the intervention immediately.
     - (1) Parents will be upset by the worker's presence.
     - (2) The essential ingredient is the need to be there and this must be communicated in as non-threatening a manner as possible.

(The information outlined in sections 6, 7, 8, 9, 10, 11 has been developed by Dr. Alexander Zaphiris, University of Denver, from his experiences as a practitioner, consultant, and educator in the child protection field. Dr. Zaphiris' contributions are a practical, workable guide for intervention and treatment in families where abuse and neglect is a problem.)

6. Several indicators may suggest that the complaint is valid and assistance is needed.

    a. The parents may deny the allegations, but speak of other problems.

        (1) The parent may be attempting to divert your attention.

        (2) The parent may be trying to tell you there are problems, but on a subject matter that is less severe.

    b. The parent consistently denies the allegation of abuse or neglect.

        (1) When the allegation is false the parent will deny it, but not continually.

        (2) In cases of physical abuse the parent, aside from consistently denying the allegation, may also provide a variety of explanations for the injury.

    c. The parent may admit the truth of the allegation, but assure you all is fine at present.

    d. The parent will be concerned over the removal of his child.

    e. The parent may express concern over the legal consequence to him.

    f. The parent may project onto other people.

        (1) The parent will continually ask you, "Who told you."

        (2) The worker should not enter into this because it will encompass the entire initial contact.

        (3) The worker should explain that his presence is to discuss the validity of the complaint, and what needs to be accomplished.

    g. The parent or parents will remain silent and not discuss the allegations.

        (1) The worker should come back at a later time in the day.

        (2) The worker should gently impress upon the parents the need to discuss the matter.

    h. The family after an initial contact moves away.

7. There are several characteristics of neglecting and abusing parents. (See module on Physical Neglect and Abuse)

    a. The parents are generally disorganized and can not learn from their experience without help.

    b. The parents are impulsive.

    c. The parents generally have a low self-concept of themselves.

    d. The families are usually multi-problem in nature, with the neglect or abuse being symptomatic of this development.

    e. The parents are generally immature.

    f. The parents are usually distrustful of others.

        (1) This distrust is also shown through their isolation from people.

        (2) In chronic neglect situations the distrust is usually the result of experiences with agencies that promise change or help and never provide it.

g. The parents usually select one child as their target.

    (1) This is true with physical abuse situations.

    (2) In neglect situations all children usually receive the same treatment, with the exception of emotional neglect.

8. The worker must consider several factors in relation to the safety of the child's remaining in the home.

    a. The parent's specific behavior with the child.

    b. The events which may have led to the neglecting or abusing behavior.

        (1) Was the behavior malicious?

        (2) Was the behavior caused by ignorance or inability?

    c. The age of the child.

    d. The mental condition and ability of the child.

    e. The physical condition of the child.

        (1) The child's actual physical state.

        (2) The physical handicaps of the child.

    f. The parent's reaction to the worker.

    g. The child's reactions and interactions with the parent.

9. Dr. Alexander Zaphiris, University of Denver, has developed five factors which must be present if specific behavior is to be considered physical discipline rather than physical abuse.

    a. The discipline must be administered by a parent or guardian.

    b. The discipline must be administered for reasons of correcting or restraining a specific behavior of the child.

    c. The discipline must be reasonable in manner and moderate in degree for that behavior.

    d. The administration of the discipline can not bring about injury of a permanent nature.

    e. The behavior must not be reckless or negligent on the part of the parent.

10. The protective services worker develops a variety of skills and techniques which show the parent he will not snatch his child and be demeaning toward the parent; rather he will, utilizing his expertise, be helpful and persistent in moving the parent toward change.

    a. One skill the worker must utilize is to be critical of the negative abusing or neglecting behavior.

    b. Another skill is to teach the parent through directions, rather than perform for the parent with his child.

    c. The worker must parent the parent.

        (1) The worker models proper parenting for the parent.

        (2) The parent usually is immature and relates to the worker as a child.

        (3) The worker must help in meeting the parent's dependency needs, before the parent can meet the dependency needs of his child.

    d. Another trait of the worker is honesty.

        (1) If the parent sees the worker as being dishonest, the treatment is of no use and the child may be in severe danger.

    - (2) Explain the plans to the parents; do not hide the plans.

  - e. The worker must be firm and fair with the parents.

  - f. The worker must be able to genuinely accept the parent as a person.

    - (1) This does not mean the worker condones negative behavior.

    - (2) This does mean the worker does not condemn the parent.

11. The worker, as he utilizes such skills and keeps his purpose in mind, will begin to see changes in the parents over a period of time.

    - a. The parents will become open with the worker in relation to their view of themselves.

    - b. They will begin to make changes in the way in which they parent.

    - c. It is important for the worker to continually praise and reinforce these efforts with the parents.

12. Treatment in protective services is aimed at changing the behavior of the neglecting and abusing parents.

13. The child or children from these families need services as much as the parents.

    - a. Working with the child should be coordinated with the plan for the parents.

    - b. The worker must evaluate the effect the neglect or abuse has on the child.

    - c. The worker must help the child understand why the worker is interested in him and his family.

    - d. The worker must help the child in his relationship with his parents.

e. The worker must help to prepare the child for separation from his parents, if this becomes a reality.

f. The worker must help the child to accept and adjust to improved living conditions in his own home.

(1) Workers sometimes assume that increased capacity of parents is the end of protective services treatment.

(2) When positive change takes place it is necessary to assist the child in the new expectations of his families life.

14. It is important to realize that we cannot help all families to change their behavior.

a. The worker along with his supervisor must set priorities on those cases which hold the most promise for movement.

15. There are several components which can be utilized as a whole for a general treatment scheme in working with protective services families.

a. The offering of concrete services.

(1) The protective services family at the time of intervention is in a state of crisis.

(2) Experience has shown that if we can provide a specific tangible service at this point, we can begin a positive relationship more easily.

(3) The concrete values of the service should be pointed out to the family, if they fail to see it.

b. The identification of needs.

(1) It is important to begin the process of identifying needs of family members jointly with those members.

(2) Abuse and neglect rarely occur isolated from other specific problems in the family.

(3) The worker should not enter into the process of developing a laundry list of needs, which would prove overwhelming to the family.

c. The selection of significants.

(1) The worker must include the parents in the decision about which needs are more important.

(2) It is senseless to emphasize the child's bruises, when the family has not eaten in two days.

(3) The worker must insure that the needs identified can be realistically met.

d. The development of the contract.

(1) The best results come from agreeing on the actual work which must be done.

(2) The task must be realistic, if it is to have an opportunity to succeed.

(3) It is suggested, if at all feasible, to enter into a written contract with the family.

e. The identification of individual responsibilities.

(1) As part of the contract it should be stipulated who will do what task.

(a) The parent will send the child to school.

(b) The worker will contact Mental Health for an appointment for Mrs. Jones.

(2) It is equally important here to be realistic with these responsibilities.

(a) If Mrs. Jones has never worked, do not give her the responsibility to find employment within a week.

(b) If the worker is going on vacation, do not make yourself responsible for a task you know cannot be completed.

(3) It is worthwhile to also attach time limits to certain responsibilities.

(4) Once a contract and responsibilities have been agreed upon, do not accept excuses; continue to push for compliance.

f. The creation of a dependency cycle with the parents.

(1) Most neglecting and abusing parents have not had their dependency needs met.

(2) The worker will serve as a model for the parent to follow.

(3) It may be necessary to have them funnel many requests through you until they see success.

(4) The worker should be cognizant of the parents need for praise and furnish such praise.

g. The need to stablize and maintain change in the family's life.

(1) As the family begins to make movement, the worker can proceed to wean the family from the dependency cycle.

(2) Although change is positive, it is still difficult to adjust to because it is different.

(3) The worker must stand by the family and act as a broker for them with other agencies.

(4) The family as it continues to experience success will be the key to the worker to close the case.

(5) The worker should still notify the family of his availability, even though the case is being closed.

16. It is important for the worker to remember that success must come about in small steps, rather than in giant leaps.

MODULE X

Working with Natural Parents

I. Introduction

A. Procedure

1. Preliminary Reading
    a. Child Neglect: Understanding and Reaching the Parent. Norman A. Polansky, Christine DeSaix, and Shilomo A. Sharlin, Child Welfare League of America, 1972.

    b. "Working with Abusive Parents--A Social Worker's View," Children Today, 4(3), 1975.

    c. The Abusing Family. Blair and Rita Justice, Human Sciences Press, 1976.

2. The time required is two hours.

3. The training is for large groups (not more than 30) or small groups (not less than 8).

4. The method of training is a self awareness test, followed by lecture, followed by audio-visual presentation, and ending with group discussion and a review of the self awareness test. Small discussion exercises are interspersed in the lecture.

B. Process

1. Administer the self awareness test. Each group member is given a test to fill out. Each should put down initial feelings and reactions. It should be explained that the test will be used in discussion later. The individuals keep the tests. (10 minutes)

2. Present the content area. (45 minutes)

3. Show one filmstrip or film. (25 minutes)
    a. Filmstrip -- Theft of Childhood

b. Filmstrip -- Who Are the Abusers, Who Are the Abused?

c. Film -- War of the Eggs.

4. Discussion (40 minutes). Any of the following can be used to stimulate discussion.

   a. The group members can review the self awareness test and share their reactions. Emotional reactions are not wrong, but they must be recognized and dealt with if the natural parent is to be helped. Similar reactions could be grouped on a board and discussion centered on ways to deal with the reactions.

   b. While abusive/neglectful behavior cannot be accepted, the parent must be accepted as having value as a human being. This is often difficult for the worker to convey and for the parent to accept. Discuss ways in which this acceptance can be conveyed. Include specific examples.

   c. Workers often have to work through their feelings before they can help their clients. Ask the group to remember an incident with a natural parent that aroused mixed feelings. The individuals should list these feelings. A group member should be asked to volunteer to briefly describe the incident and share the list of feelings. The group can discuss what the natural parent might have been feeling. When these feelings have been listed, they can discuss some appropriate ways of dealing with the feelings and some ideas to bring about constructive interaction. Two volunteers can be asked to role play the experience using the feelings and the ideas listed.

II. Content

A. Focus

Protective services is seen as child centered and family focused. The primary concern must be the health and safety of the child. This should be kept in mind throughout this module. Removal of the child is necessary when his health and safety is in immediate danger. In most cases, the child can and should remain in the home. This necessitates the immediate offering of services designed to enable parents to change or modify behavior and attitudes that keep them from properly performing their parental roles. These services come from a wide variety of sources.

Abuse and neglect involves and effects the entire family unit. Support and treatment efforts must take into account the interlocking symbiosis of the family. The emotional system and the relationship system of a family are important in influencing parental styles and abilities. In many cases, the dysfunctioning of a family is complete. The service activities must be focused on restoring functioning to the family.

No family exists in a vacuum. Environmental stresses play an important role in the abuse/neglect process. Therefore, support and treatment services must deal with and come from the community. No one discipline has the knowledge or ability to meet all needs in abuse/neglect situations. Community awareness and community response is a vital part of protective services.

This module will offer a brief introduction to working with natural parents. It will review some characteristics of abusing and neglecting families, discuss the helping process, the approach to help, the responsibilities of the worker, and the interdisciplinary approach.

Suggested Reading

The Abusing Family, Blair and Rita Justice, Human Sciences Press, 1976.

"Toward Prevention of Child Abuse," Children, March-April, 1964.

"Some Observations on Abusive Parents," Child Welfare, Feb., 1968.

Child Abuse and Neglect: The Family and the Community, Ballinger Publishing Co., 1976.

B. Characteristics of Child Abuse/Neglect Families

1. Criteria in the Patterns of Abusing Families

In their book, Helping the Battered Child and His Family, Drs. Kempe and Helfer propose a formula that can be applied to most abusive patterns.

Parent + Child + Situation = Abuse.

Each component of the formula has its own characteristics.

a. Parent--The parent must have the potential to abuse. The potential includes at least four (4) factors:

(1) The way the parent was parented. Usually this includes abnormalities. Specifically, the parents were abused or neglected as children.

(2) The parents are isolated individuals. They are isolated from people they can trust and use. This isolation may be physical and/or social.

(3) The spouse is so passive that he or she cannot give or meet dependency needs. This increases the feeling of isolation.

(4) The parent usually has unrealistic expectations of the child. The parent expects performance beyond development levels. Most important the child is expected to meet parental needs rather than the parent meeting his needs.

b. Child--The child is usually seen as being different. The difference might be real such as a retarded child, a handicapped child or an hyperactive child. It might be a difference perceived only by the parent.

The parent often sees his or her own "bad qualities" in the child. The child is seen as bad, stubborn, or willfully disobedient. Some children seem to almost set themselves up for the abusive situation.

c. Situation--Usually some form of crisis sets off the abusive situation. This is often called the triggering device. The triggering device can be a series of crises. Crises can be major or minor. It must be kept in mind that the crisis is a precipitating factor and not a cause.

2. Criteria in the Patterns of Neglecting Families

Neglect is the failure to provide the parental tasks. The needs of a child including physchological, safety, belonging, and esteem are not met or ignored.

There seems to be no universal pattern of behavior precipitating neglect. Studies have shown high degrees of inner and/or outer stress in neglecting families. Stress factors can include:

a. Poverty;
b. Cultural influences;
c. Nuclear family collapsing;
d. Personality difficulties; and
e. Crippled parenting skills.

3. Characteristics of Child Abuse/Neglect Families

The following is a list of indicators or characteristics of abusing or neglecting families. This is not intended to be a complete checklist, but merely indicators that the complaint might be valid and assistance needed. (For additional resources see Module on Physical Neglect and Abuse.)

a. Most abusing and neglecting parents had similar experiences as children.

b. One parent is the abuser. The other takes a passive role or may set up the situation.

c. Usually one child is selected to be abused. If that child is removed, another might be selected. In neglect, all children receive equal treatment.

d. The parents are disorganized. They have difficulty learning from experience.

e. They are impulsive. They have a low self concept. They are unable to trust.

f. The family is a multi-problem one. Abuse and neglect are symptomatic of this.

g. Children in abusing families are usually kept from participating in peer activities. Neglected children are often ostracized by their peers. They may dress shabbily, smell bad, etc.

h. The parents are often in competition with the children in having their needs met. For this reason, children may be seen parenting their parents.

i. The parents are generally immature.

j. The parents are dependent people with no one to be dependent upon.

4. Behavior at Crisis

The following behavior at the time of crisis or during interview might indicate assistance is needed:

a. The parents are hostile and uncooperative. They are angry at the child for the injuries.

b. They may deny the allegations, but speak of other problems. This may be to divert attention or an attempt to ask for help.

c. They may admit to the allegation but assure that all is now fine.

d. They are concerned with legal consequences to themselves. They show preoccupation with themselves.

e. They seldom touch or look at the child.

f. They are neglectful of their own health needs.

g. Explanations of the injury are evasive; contradictory, and do not account for the type of injury the child suffered.

h. They fail to respond properly to the child. They criticize him and see no good qualities.

i. They give little indication of knowning how the child feels, physically or emotionally.

j. They show overwhelming feelings that they and the child are worthless.

Discussion: Isolation, no alternative for physical punishment, and dependency needs are some of the problems of most abusing families. What are some of the services that can be offered on a client or referral basis by the worker? What are some of the problems that can be expected?

Almost complete disorganization of the family unit and family roles is a problem with neglecting families. Discuss the worker's role in assisting the family with this problem.

C. The Helping Process

1. Establishing a Working Relationship

This needs to begin even prior to first contact. The worker is entering a delicate, sometimes volatile, situation. The worker who enters this empty handed, with nothing to offer, can only complicate matters. A basis of knowledge and skills must be in the worker's possession.

a. The worker needs to be aware of his own reactions to the complaint and be able to deal with these.

b. The focus needs to be on the parents, not the act.

c. The worker is not there to punish.

d. The worker should not assume an authoritarian role except in the matter of the child's safety.

e. During the initial contact the worker must:

    (1) Explain who he is and the responsibility of the agency;

    (2) Establish the validity of the complaint;

    (3) Assess the possible danger to the child, noting parents' specific behaviors, events leading up to act, age of child, mental condition and ability of child, physical condition of child, reaction of parents to worker, and interactions of child with parents; and

    (4) Begin to assess capacity to change.

f. The worker must often parent the parent.

g. Honesty with the parent is vital.

h. Treatment is aimed to changing behavior. Be critical of abusive and neglectful behavior. Show acceptance of the parent as a person.

i. Help the parents express their feelings.

j. The parent must be involved in goal setting. The worker needs to make sure goals are kept realistic.

2. Maintaining a Working Relationship

Child Neglect: Understanding and Reaching the Parent offers the following suggestions for providing for dependency needs:

a. Frequent contacts--In addition to the more planned contacts, "many shallow contacts" help to combat isolation, loneliness, and show you care.

b. Concrete giving--These parents need to be given to. They need tangible proof of your concern.

c. Feeding the need to be special--Hold contact time sacred. Pay attention to parent.

d. Demeanor--Be helpful, warm, thoughtful, and giving. Help inspire confidence.

e. Fact--Be sensitive of parents feelings, but do not be manipulated.

f. Discuss feelings--Airing feelings can help establish ties.

g. Minimize demandingness--Do not try to impose your moral code on the parent. Their emotions and impulses are often child-like.

3. Establishing Goals

Whenever possible the parents should be involved in goal setting. Goals are aimed at reopening channels of growth and development. The more disorganized the family, the more easily obtainable and tangible the goals. Obtaining goals help build self-esteem, develop basic trust, establish lines of help and communication, and increases the ability to enjoy life. Obtaining goals does not mean becoming perfect. Learning to fail is part of the growing.

Suggested Reading

What Do You Say After You Say Hello, Grove Press, 1972.

"Working with Abusive Parents-A Social Worker's View," Children Today, 4(3), 1975.

D. Interdisciplinary Approach

1. Need for Interdisciplinary Approach

Dr. Brandt F. Steele states that "Child abuse and neglect is a very complex phenomenon manifested by a distorted, destructive, maladaptive pattern of child rearing. Many things have been suggested to account for this condition, including neurophycological abnormalities, psychiatric disorders, poverty, social disadvantages, ethnic tradition, religious conviction, environmental stresses, or simple lack of knowledge of parenting skills." There are still many unknown factors in the causes of child abuse. While it is mandated that all suspected cases be reported to protective services, no one discipline can hope to provide all of the diagnostic and treatment skills necessary to help the family. This necessitates the use of the interdisciplinary approach. In addition to the diagnostic and treatment services, an interdisciplinary approach to prevention and education is needed. Communities must be informed of the problems of abuse and neglect and what is needed to prevent and treat.

2. Interdisciplinary Committees

If an interdisciplinary approach is to be used to prevent, diagnose and treat the problem of abuse and neglect and to educate the community, there must be some coordination of these efforts. Turf guarding and lack of communication are common problems between disciplines. Disciplines do not understand each other's functions. Therefore, they often do not respect or have confidence in each other. Disciplines need to share knowledge and data. Difficulties are created by manipulative clients playing one discipline against the other. Disciplines can tend to shift responsibilities to others with the result that the needs are not met. It is the task of the interdisciplinary committee to deal with these and other problems as they arise and to see that disciplines move toward working together.

Suggested Reading

"The Child Protection Team: A Problem Oriented Approach," Child Abuse and Neglect: The Family and the Community, Ballinger Publishing Co., 1976.

3. Support Services

Protective services staff are responsible for seeing that relevant and responsive services are provided to meet the needs of the client. Some services may be delivered directly by the protective service agency. Others are provided by community agencies. The HEW Guide for Protective Services states that the protective service agency is responsible for developing guidelines that tell each provider what is expected in the way of service and feedback. The following services are germane to providing comprehensive protective service programs:

a. Homemaker--This service can provide the most vital support to the family. The homemaker can be the first break in the isolation of the parent and serve as a link to the community. She can begin to bring order into chaos. She can serve as a model. She can teach home management and parenting skills. Most importantly, a homemaker can make the difference in having to or not having to place a child outside the home.

b. Day Care--This can be another major resource for keeping the family intact. Crisis nurseries can help parents when they feel they can no longer manage. Day care can provide relief for overwhelmed parents. Specialized day care might be needed for children psychologically damaged by abuse or neglect.

c. Visiting or Public Health Nurse--In addition to the medical services provided, the visiting nurse can assume a support and dependency role as needed by abusive parents. They can supply long-term followup and be a link to other agencies.

d. Family Planning--Information and counseling can be provided to parents.

e. Housing and Relocation Assistance--Parents in substandard housing can be helped to locate new housing within their budget. Arrangements can be made to assist in moving.

f. Parents Anonymous--PA or other self-help groups can assist in providing a supportive network. PA groups can serve as advocates for protective service programs.

g. 24-Hour Crisis Hotlines--Hotlines can serve as means of reporting suspected cases of abuse and neglect. In addition, they provide help for parents who feel they are about to abuse their children.

h. Legal Services--Legal aid societies are important resources. Protective service workers need to see that parents and children have adequate legal protection.

i. Financial Counseling and Assistance--Emergency financial assistance as well as budget planning and home management should be offered.

j. Parent Education--Many abusive or neglecting families lack parenting skills, disciplinary alternatives and knowledge of child development. Parent education groups can assist in meeting these needs.

4. Attributes of Model Systems*

The following is a list of attributes that should be included in a model system for the prevention and control of child abuse and neglect.

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*Newberger, E. H. "Interdisciplinary Management of Child Abuse," Fourth National Symposium on Child Abuse, The American Humane Association, Children's Division, pp. 24-26.

a. Child abuse seen as a symptom of family crisis, with professional services oriented to making families stronger.

b. Recognition of the community context in which child abuse occurs: attention to the values of the community, its indigenous techniques of problem solving, its traditions of child rearing, its resources and its leadership, in both the development of programs to help families, and in the approach to preventing child abuse on a large social scale.

c. Systematic attention to the development of public policies which strengthen family life, based on what is already known about family strength and stress.

d. Protection of information about people; consistent and rigorous identification of the rights of children and their parents; and advocacy at all levels of intervention action to assure that fundamental civil liberties are not violated.

e. Citizen supervision of professional policies and practices through community-based Councils for Children.

f. Regular evaluation of the effectiveness of intervention on several levels: around the individual case, both to assure continued physical protection and the promotion of health and psychological growth; and for the program in general, to assure the adherence to the highest principles of human service.

g. The program should be population based: all people should be eligible for service. Neither a small-scale pilot program nor a major undertaking focusing only on the protection of the children whose cases happen to be reported, it should identify the dimensions of the problem, all possible avenues of individual and larger-scale intervention, and recruit and sustain the interest and participation of competent and varied providers of service. Emphatically, it should not be identified as a poor people's program, although it is certain that many children of the poor will be reported partly but not exclusively because of the circumstances of poverty which may lead their families to fail. It should be a program to which private medical practitioners and voluntary family service agencies, as well as suburban school systems, would feel comfortable in reporting cases, because its services would be helpful and its orientation toward keeping families together and toward preventing child abuse.

h. Administrative organization allowing both flexibility in staff development, supervision, and assignment and at the same time high-level access to the human services leadership, in order most effectively to promote collaboration, constructive and mutual program planning, and, ultimately, the evolution of a human service system which would identify the family as the unit of practice, rather than as, at present, to fragment health, social and psychological problems into discrete program units.

i. It would incorporate child advocacy (as defined in the report of the Joint Commission on the Mental Health of Children) and child development education.

j. It would identify who is responsible to whom for what; minimize to the extent possible uninformed, reflexive, and precipitous action on the part of intervention personnel; maximize the career development possibilities for these personnel in the context of the program structure; integrate into the career development program a systematic method for recruiting and training professional personnel from minority groups; and allow for the acknowledgement and reward of successful work.

k. Services would be provided 24-hours-a-day.

l. It would assure adequate legal representation for all parties in any court proceeding relating to child abuse; and active and high-level advocacy to assure judicial determinations consonant with the high standards of modern family law. Its goal would be to integrate families rather than to punish parents; to use the authority of the court, when necessary, to force family change; and, as a last resort, when families utterly and completely fail to allow children who are dependent on the state maximal opportunities for growth in homes they can identify as their own.

m. There would be an adequate commitment of resources to assure that a successful program would be able to continue.

n. The system should be able to respond creatively to individual families' problems with services suited to thier needs, to include:

    (1) Social work counseling, liaison with other services and structures;

    (2) Medical and psychiatric consultation and, where necessary, treatment;

    (3) Advocacy;

    (4) Child development services, including education, child care, and psychological intervention;

    (5) Legal services;

    (6) Temporary foster home care; and

    (7) Round-the-clock emergency services, such as homemaker services, to prevent

family breakup and continued child abuse and neglect.

These services would not necessarily have to be provided by the participating practitioners and agencies in the administrative context of a successful interdisciplinary program, but they would have to be accountable and responsive to it.

APPENDIX 1

Awareness Exercise

PLEASE COMPLETE THE FOLLOWING STATEMENTS.

1. I feel that a person who physically abuses a child is
____
____

2. I feel that a person who sexually abuses a child is
____
____

3. When I talk to a person who has physically abused his/ her child, my immediate reaction is ________________
____
____

4. When I talk to a person who has sexually abused his/ her child, my immediate reaction is ________________
____
____

5. My feelings toward a neglecting parent are __________
____
____

6. How do my feelings about the abusing and the neglecting parent differ? ______________________________
____
____

MODULE XI

Treatment Modalities

The following material is presented as supplementary to the modules relating to intervention and service delivery. Of particular emphasis is the content related to crisis intervention and developed in training format. The other topics, Reality Therapy and Transactional Analysis, are presented to suggest other treatment alternatives in protective services. All three are presented in somewhat a summary fashion. As with content in other modules the need may exist for trainers to review resources throughly before attempting to train on the topics.

Crisis Intervention

I. Introduction

A. Procedure

1. The time required to present this module is 2 hours.

2. This module can be presented to a large or small group.

3. The trainer is encouraged to present the content via lecture allowing for some discussion at the end of each section.

4. A break is suggested following presentation and discussion of content.

5. Groups composed of no more than 10 are suggested for the (3) exercises.

B. Process*

1. Present definition, underlying assumptions and purposes. 10-15 minutes

2. Discussion. 5 minutes

3. Present content. 20-30 minutes

4. Discussion/questions. 10-20 minutes

5. Exercise. 60 minutes

II. Content

A. Definition

Crisis intervention is an approach for helping an individual or family that is experiencing a temporary loss of ability to cope with a life situation due to overwhelming stress. There are crises of exhaustion that develop as a result of prolonged attempts to deal with overpowering problems, and there are crises of shock that develop following a major precipitating event, such as the loss of a loved one. In either case, the crisis intervention approach focuses on the immediate problem rather than the past histories of those who are in crisis.

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*The suggested time may vary depending on trainer and nature of discussion/questions.

B. Underlying Assumptions

1. The person who is failing under stress is not "mentally ill" but is in need of supplemental resources because his own coping resources have been overtaxed.

2. The situation is reversible.

3. A crisis is limited in a temporal sense. It should not last more than six weeks.

C. Purposes

1. The primary goal of crisis intervention is to quickly and constructively change the conditions of the person or family in crisis:

    a. The maximum goal is to restore the individual or family to pre-crisis level;

    b. The maximum goal is to help the individual or family learn and grow from their experiences, in addition to overcoming their immediate problems.

2. Workers using crisis intervention attempt to reduce or prevent physical and emotional harm to a person in crisis and to those who are near them.

3. Early skillfull intervention in critical periods can prevent more serious, long-term consequences of such events.

4. When workers use crisis intervention methods at intake or during emergencies, the following results are frequently found:

    a. There is less need to employ force;

b. The response to workers is more positive;

c. More constructive outcomes are achieved;

d. The helpers are generally more effective;

e. The helpers are safer from harm; and

f. The helpers experience greater satisfaction with their jobs.

D. The following is a framework for viewing families in crisis:

1. Family;
2. Crisis-provoking event; and
3. Meaning attached to the event.

Family sociologists have come to view the family as a small group, intricately organized internally into paired positions of husband-father, wife-mother, son-brother, and daughter-sister, etc. Norms prescribing the role behavior for each of these positions identify (specify) how relations are to be maintained as well as how role behavior may change with changing ages of the occupants of these positions.

Compared with other associations in the society, the average family is badly handicapped organizationally. Its age composition is heavily weighted with dependents, and it cannot freely reject its weak members and recruit more competent ones. Its members receive an unearned acceptance; there is no price for belonging. This group is not ideally manned to withstand stress, yet society has assigned it the heaviest of responsibilities: the socialization and orientation of the young, and the meeting of the major emotional needs of all children, young and old.

When the family is viewed historically, we can see that it is more dependent today than it was formerly on other agencies in society for fulfilling its purposes. Once a self-contained economic and social unit buttressed by kinship supports, the family now has interdependent relations with many other associations in working out its problems.

In sum, the concept of the family is that of an arena of interacting personalities, intricately-organized internally into positions, norms, and roles. When viewed externally it can be seen as an organized group engaged in transaction with other associations. It is not new to trouble. Indeed, problems beset American families from wedding day to dissolution. Most families have had a long history of troubles and have worked out procedures and a division of responsibility for meeting problematic situations as they arise. (See Figure 1)

E. Source

Crises differ in their sources--some originate within, others outside the family. Classified by source of trouble, crisis causing events may be divided into two categories:

a. Extra-family events which in the long-run tend to solidy the family, such as floods, tornadoes, economic depression, etc.

b. Intra-family events such as illegitimacy, non-support, mental breakdown, infidelity, suicide, and alcoholism, etc. These events are usually more disorganizing to the family because they arise from troubles that reflect poorly on the family's internal adequacy.

1. Factors Making for Crisis-Proneness in Families

A (the event) → interacting with B (the family's crisis meeting resources) → interacting with C (the definition the family makes of the event) → produces X (the crisis).

2. Family Crisis

The act which brings the family to the knowledge of the protective service agency has probably been preceded by previous situations, one after another, which made that act somewhat of a natural progression to its finalization.

It may have been prompted by a series of setbacks; by a pregnancy in which post-partem depression extended beyond the so-called normal period; by circumstances perceived as family loss causing a complex system of mourning or by a situation in which a family faces so many setbacks in securing employment, adequate housing, clothing, food that intensifies frustration, causing a parent to strike a harmful blow upon his child for "whining."

As a part of the protective service system, the worker is legally responsible for the protection of children and seeks to prevent neglect and abuse of children by immediately responding to families when crises arise. To this end, the worker is responsible for receiving all calls and referrals regarding children who are being neglected/abused in families having any kind of problem, such as: (1) an ill mother who needs to plan for the care of her children; (2) parents who because of some family crisis (such as in cases of arrest, mental breakdown requiring hospitalization, or temporary desertion or abandonment of children) are out of their home and need to plan for the care of their children.

The following list will serve to help identify the kinds of problems that will come to a protective service worker's attention:

a. Children alone;

b. Parents intoxicated, children in danger;

c. Child has been beaten;

d. Child wandering the streets alone;

e. Child left in department store or public place alone;

f. Mother ill and needs to go to hospital and needs someone to care for children;

g. Parents being taken to jail, children alone;

h. Child seriously ill, needs help getting emergency treatment; no responsible person available.

F. Crisis Meeting Resources

The extent of an individual's coping potential can be assessed by reviewing the availability of six major sources of support:

1. Intellectual Functions.--The helper can request an account of the events preceding the crisis to determine whether the individual's intellectual component is intact.

2. Interpersonal Assets.--A discussion of significant people will yield this information. This coping resource may be available if the individual responds to the interviewer, if he finds the presence of significant people helpful, or if he is able to use human resources and interpersonal relationships.

3. Emotional Resources.--Rarely are all emotions out of control. Emotional reactions must be carefully evaluated and can be used to advantage in the reduction of the crisis condition. Anger, to use an example, may be used to control other emotions, and may serve as a successful antidote to generalized feelings of helplessness.

4. Hope.--Reinstating, replacing, or compensating for hope can help to alleviate a crisis condition.

5. Motivation.--To determine whether this resource is available, the helper can ask the individual directly whether he feels able to help in his own recovery by performing certain tasks.

6. Individual's Personal Contribution to the Crisis.--This is sometimes difficult to evaluate, and can only be done at the end of an assessment if sufficient background information is available.

G. How to Effect Change in a Crisis Intervention

First, it should be understood that there are different types of crises and the intervention techniques used should be appropriate to the particular crisis. For example, one would not approach a person on a "bad" drug trip the same way that he would approach a person who had just lost a loved one. The techniques will vary, and are limited only by the amount of flexibility and creativity possessed by the worker.

The first concern of the crisis interventionist is whether the person in crisis is in touch with, and is able to respond to, his environment. If not, the first task of the helper is to bring the individual to a point where they can respond to his environment. For instance, persistently talking to an individual places demands upon him to respond, and even a person in a deep stupor will eventually respond.

H. Steps in Crisis Intervention: A Suggested Approach

1. Assessment of persons in crisis and their problems: focus immediately on the crisis situation.

   a. Determine the nature of the precipitating factor--kind, severity, scope, persons involved. "Why did you call for help?" "What's happened to make you upset?"

   b. Observe and discuss the current condition of the person in crisis--dysfunction in feelings, thoughts, behavior; bodily performance and symptoms; disturbance in role networks. "Can you tell me what is happening?" "How do you feel now?"

   c. Identify the original hazardous event and subsequent events. "Can you tell me what started all of this?" "Can you tell me what happened after that, up until now?"

   d. Determine the nature and duration of the vulnerable state--subjective reactions to the hazardous event, when he began to feel upset, earlier attempts to deal with the problem. "How did you feel after (event) happened?" "Have you done anything to try to change the situation?" "When did you begin to feel so badly about it?"

e. Evaluate the situation and plan intervention:

    (1) Does a state of disequilibrium exist?

    (2) To what extent is the situation open to change? (Establish objectives that will have to be accomplished in order to facilitate change.)

2. Intervention Techniques: Some Suggestions

    a. Help the person in crisis to gain an intellectual understanding of his crisis.

    b. Help the individual to become aware of his feelings:

        (1) Encouraging the recognition and appropriate expression of feelings, such as guilt, fear, anger, and anxiety, helps to reduce tension and to increase mastery of such feelings.

        (2) The helper can reflect back or communicate feelings that he is picking up to those who are being helped.

        (3) The helper can clarify specific problems. "Why did this bother you?"

    c. Help the individual find and use additional interpersonal and institutional resources--homemaker services, day care facilities, church and community activities, etc.

3. Anticipatory Planning--Help the Individual Move Toward Positive Action.

    a. Set up a series of areas for action with specific target goals. "Where do you want to start?"

b. Reinforce adaptive behaviors.

c. Planning should reduce the possibility of future crises.

I. Experiential Crisis Training

The primary purpose of these training exercises is to increase understanding and acceptance of crisis situations and the people who are involved in them.

1. Exercise One--Empathizing with a Crisis Involving Child Abuse

Trainer: "Everyone should be comfortable and relaxed. Now, I would like for everyone to close your eyes so that you can visualize and concentrate on what I say.

"You are the mother of three young children, and you recently found out that you are pregnant. Your husband has been unemployed recently because of his seasonal work, and you are having difficulty with making ends meet. For this reason, you have attempted to reduce the family's consumption of food, and you've turned the heat down quite low to try to conserve on the fuel bills. You've been out looking for a job each chance that you get, and you've been told that you're not wanted everywhere you go.

"Today you arrive home from job hunting, exhausted, cold and hungry. You soon realize that your husband has left the children alone, and that they are in the kitchen fighting and crying. You drag yourself to the kitchen to break up the fighting, and there you see a terrible mess--including your best dishes that have a special sentimental value to you, smashed into little pieces all over the floor."

"Now, take some time to think how you, the mother, are feeling." (A couple of minutes lapse.) "Open your eyes. Let's come together for a discussion so that everyone can describe how this situation made you feel. In addition, I would like some people to comment on whether they think child abuse could be an understandable result of such situations. Perhaps some people could give other examples of situations that they think could lead to child abuse."

2. Exercise Two--Crisis as Transition

   Trainer: "I would like for everyone to close their eyes and relax. Now, try to think of the most difficult transition you ever made. This might be entering or changing schools or jobs; adjusting to married life, parenthood, middle age, or retirement; moving to a different city or country; or it might involve the loss of a loved one, a prolonged illness, or a serious accident. After you have thought of the most difficult transition you have ever made, really try to get into it, and attempt to identify some of the feelings that you experienced. We will take about five minutes."

   After the time passes, the trainer can call everyone together for a discussion to share their experiences and feelings; or he can have them break into dyads or triads for discussion. Focus on descriptive terms or phrases such as: helplessness, loss of control, powerless, feeling as though the situation would never end, etc.

3. Exercise Three--Responding to a Person in Crisis

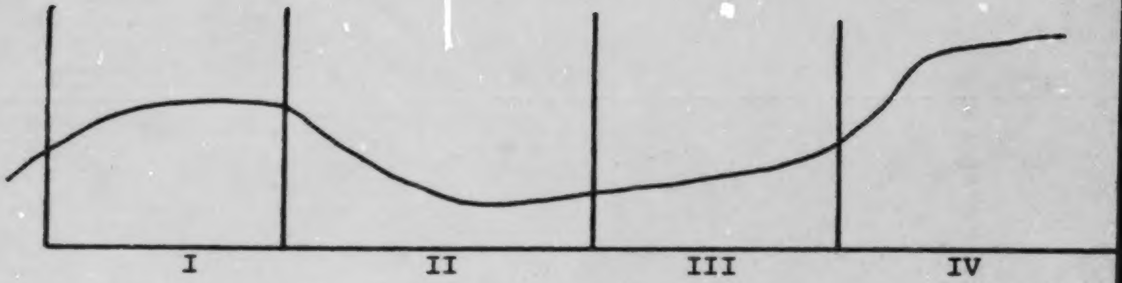
   This is an exercise which allows each person to experience the role of a person in crisis and the role of a crisis interventionist through role play.

   Everyone should break into groups of four, and then choose a partner from that group. One set of partners should begin with one person role playing a person in crisis, and the other responding to him as the helper. Meanwhile, the second set of partners should listen, observe, and perhaps take notes. After each role play (they should probably be timed, and limited to three-five minutes each), the small group should discuss what happened and point out what they thought was good or what could be improved upon. This procedure should then be repeated until each person in the small group has a chance to play both roles, and to be an observer two times.

If there is time, the trainer may want to have everyone come together at the end for discussion.

Figure I

CRISIS SEQUENCE



Phases:	Impact	Recoil-Turmoil	Adjustment	Reconstruction
Time Period:	Hours	Days	Weeks	Months
Time Perspective:	Present	Past		
Emotions:	Fight-Flight	Rage-Anxiety-Guilt Depression	-Future-	
Thought:	Disorientation Distractability	Ambiguity Uncertainty	-Hope- -Problem Solving-	
Direction:	Search for object	Detachment	Search for new object	Re-attachment
Search Behavior:	Reminiscence	Perplexed Scanning	Exploration	Testing

APPENDIX I

Generally Accepted Axioms on Management in the Crisis Period

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There appears to be consensus in the literature on child abuse on seven axioms of management:

1. That once diagnosed, a child with inflicted injury or neglect is at great risk for reinjury or continued neglect.

2. That protection of the child must be a principal goal of initial intervention; that protection of the child must go hand in hand with the development of a program to help the family through its crisis.

3. That traditional social casework in itself cannot protect a battered or neglected child in the environment in which he received his injuries. Medical followup, too, is necessary, and day-to-day contact with a child care center may help significantly to encourage his healthy development.

4. That in the event the child is reinjured and medical attention is sought anew, it is likely that his parents or caretaker will seek care at a different facility from where the diagnosis was originally established or suspected.

5. That the problems of public social service agencies in both urban and rural areas--specifically in numbers of adequately trained personnel and in quality of administrative and supervisory functions--militate against their effective operation in isolation from other care-providing agencies. Simply reporting a case to the public agency mandated to receive child abuse case reports may not be sufficient to protect an abused or neglected child or to help his family.

6. That early identification by professional personnel of the immediate agent of the injury or attempts to determine if neglect was "intentional," may be ill advised. However strategic the "facts" may be to the confirmation of diagnosis and treatment planning, clinical experience attaches the greater importance to the establishment of confidence and trust in the professionals who are going to intervene. This relationship may be jeopardized by overly aggressive attempts to elicit specific information on the circumstances of injury. There

is rarely any need to establish precisely who it was who injured or neglected a child and why. Lack of evidence for parental "guilt," furthermore, is emphatically not a criterion for discharge of the patient.

7. That if there is evidence that the child is at major risk, hospitalization to allow time for assessment of his home setting is appropriate. Infants under a year of age with fractures, burns, or bruises of any kind are especially at risk for reinjury or for serious consequences of neglect. Prompt and effective intervention is vital to assure their survival.

(Source unknown)

REALITY THERAPY

Introduction

Late in his training as a psychiatric resident, Dr. William Glasser saw the futility of classical psychoanalytic procedures and began to experiment with a very different therapeutic approach, which he eventually named Reality Therapy.

Reality Therapy is a proven effective psychiatric treatment different from that generally accepted today. Reality Therapy is different in the sense that it's theory and procedures are non-traditional. Further, it is the appropriate, indeed the necessary, concern of everyone, for its precepts and principles are the foundation of successful, satisfying social life everywhere.

This paper is based entirely on Dr. Glasser's writings. The first part explains the basic concepts of Reality Therapy, a treatment applicable to both groups and individuals with problems. Next, it explains the techniques employed. Finally, it makes some suggestions for possible use in Protective Services.

This paper is intended only as an introduction to the Reality Therapy approach. For a more indepth discussion on this approach read "Reality Therapy--A New Approach to Psychiatry" by William Glasser, M.D.

Assumption

"In their unsuccessful effort to fulfill their needs, no matter what behavior they choose, all patients have a common characteristic: They all deny the reality of the world around them."

Therapy will be successful when these patients are able to give up denying the real world and recognize that reality not only exists but that they must fulfill their needs within this framework. Once they begin to do this they will lead more productive lives.

Definition

Reality therapy is one which leads all patients toward reality--toward grappling successfully with the tangible and intangible aspects of the real world.

Goal

To help the patient achieve the proper involvement, a completely honest, human relationship in which he realizes that someone cares enough to accept him and help him to fulfill his needs in the real world.

Basic Needs

The Reality Therapy approach recognizes two basic needs:

> "The need to love and be loved and the need to feel that we are worthwhile to ourselves and to others."

The Reality Therapy approach recognizes that--"All people have the same needs but each person varies in his or her ability to fulfill them."

Further, the Reality Therapy approach recognizes that the proper role of any helping profession is to help people help themselves fulfill their needs, given a reasonable opportunity to do so. Thus, a person with family and friends who care about him and with the opportunity to work in a reasonable job and who cannot fulfill his needs is considered to have a psychiatric problem. If, however, no one cares about him and he can obtain no gainful work, the problem is more environmental than psychiatric.

A major premise of the Reality Therapy approach is that "if one does not learn to fulfill his needs, he will suffer in his life."

The primary concern of reality therapy is with involvement and what the patient is doing now. It is not concerned about what has happened in a patient's past life or his unconcious mental processes. The theory recognizes the existence of these unconcious mental processes, but consider them unnecessary to the essential process of helping a patient fulfill his needs. The reality therapy approach requires complete consciousness to be effective.

Responsibility

Responsibility, a concept basic to Reality Therapy, is defined as the ability to fulfill one's own needs, and to do so in a way that does not deprive others of the ability to fulfill their needs.

Acquiring responsibility is a complicated, lifelong problem. "Although we are given unchanging needs from birth to death, needs which, if left unsatisfied, cause us or others to suffer, we are not naturally endowed with the ability to fulfill them." If the ability to fulfill our needs were as much a part of man as are the needs themselves, there would be no need for a Protective Service Agency. This ability must, however, be learned.

Of particular concern to the protective service worker are those clients who have not learned, or who have lost the ability to be "responsible." Thus, the role of the worker is to help the client become more responsible so that he will be able to satisfy his needs as himself. To this end, it is important to recognize that Reality Therapy is much more concerned with behavior than attitude. Additionally, once involvement takes place with the client, the worker must point out to him the unrealistic aspects of his irresponsible behavior. If the client wishes to argue that his conception of responsibility is correct, the worker must be willing to discuss his opinion, but must never fail to emphasize that the main interest is his behavior (abusive or neglectful) rather than his attitude.

Teaching Responsibility

The teaching of responsibility is the most important task of all higher animals, man most certainly included. This responsibility should begin early with the child. People who are not at some time in their lives, preferably early, exposed intimately to others who care enough about them, both to love and discipline them, will not learn to be responsible. In other words, the younger a person is exposed to love and discipline the sooner he will learn responsibility. That it can be taught only to the young is not the assertion--responsibility can be learned at any age. Nevertheless, it is easier to learn correctly at first than to overcome previous bad learning.

Teaching responsibility is accomplished in the following ways:

1. Through love;
2. Through discipline;
3. By holding the person to a "correct" course of action;
4. By being willing to suffer the pain of anger from the person;
5. By involving the person with other people.

Application of Reality Therapy in the Protective Service Setting

Reality therapy is a process by which a worker guides clients so that they can face reality and fulfill their needs.

This helping technique is a special kind of teaching or training which attempts to accomplish in a relatively short, intense period what should have been established during normal growing up.

Easy or difficult as its application might be in any particular case the Reality Therapy approach is made up of three separate but intimately interwoven procedures. First, there is involvement: The worker must become so involved with the client that the client can begin to face reality and see how his behavior is unrealistic. Second, the worker must reject the behavior which is unrealistic but still accept the client and maintain his involvement with him. Last, and necessary in varying degrees depending upon the client, the worker must teach the client better ways to fulfill his needs within the confines of reality.

Involvement

How does the worker become involved with a client so that the client can fulfill his needs? The worker has a difficult task, for he must, often under adverse circumstances, build a firm emotional relationship with a client who has failed to establish such relationships in the past. Additionally, the client is often hostile toward the worker because of the circumstances under which intervention takes place. The worker is aided by recognizing that the client is:

1. Desperate for involvement;
2. Suffering because he is unable to fulfill his needs;
3. Looking for a person with whom he or she can become emotionally involved;
4. Looking for someone he can care about, someone who the client can be convinced cares about him;
5. In need of someone who will stay with him until he can better fulfill his needs.

Developing meaningful involvement may take anywhere from one interview to several months, depending on the skill of the worker, his influence over the client, and the resistance of the client.

One way to attempt an understanding of how involvement occurs is to describe the qualities necessary. The more the worker has these qualities, the better able he will be to apply the principles of Reality Therapy in the protective service setting. The helper should be:

1. Very responsible;
2. Tough;
3. Interested;
4. Human;
5. Sensitive;
6. Able to fulfill his own needs;
7. Willing to discuss some of his own struggles so that the client can see that being responsible is possible though difficult;

8. Neither aloof, superior, not sacrosanct, he must never imply that what he does, what he stands for, or what he values is unimportant;

9. Willing to become involved;

10. Able to have his values tested by the client;

11. Able to withstand intense criticism by his client;

12. Able to admit that, like his client, he is far from perfect;

13. Strong, never expedient;

14. Able to withstand the client's request for sympathy;

15. Willing to watch the client suffer if that helps him toward responsibility;

16. Willing to seek knowledge and understanding about the client;

17. Willing to accept the client as he is at first;

18. Able to become emotionally involved with the client;

19. Affected by the client and his problems and even suffer with him.

Rejection of Behavior

Once involvement is established, the worker must begin to insist that the client face the reality of his action. When the worker takes this step the relationship deepens because now someone cares enough about the client to make him face a truth that he has spent his life trying to avoid: He is responsible for his behavior. Now, continually confronted with reality by the worker, the client is not allowed to excuse or condone any of his irresponsible behavior. No reason is acceptable to the worker for any irresponsible behavior. The worker confronts the client with his behavior and asks him to decide whether or not he is taking the responsible course.

Teaching Responsibility

As the helping relationship proceeds, the worker must teach the client that his helping efforts are not primarily directed toward making him happy. Accepting the premise that people can find happiness only for themselves, the worker must guide the client toward understanding that no one can make another person happy for long unless he becomes more responsible.

As a part of becoming involved the worker must become interested in and discuss all aspects of the client's past life. The discussion must be related to his behavior whenever possible. The worker must be interested in the client as a person with wide potential, not just as a client with problems. Although continually listening to misery is one way of giving the client empathy, he soon discovers that with all the talk the worker can do nothing directly to solve his problems.

The client accomplishes two important objectives through these discussions in which he gives his considered opinion to the worker. First, by testing the opinion of the worker on many subjects, he discovers that it is possible to maintain, as the worker must, a responsible attitude toward most facets of life. Because the worker opens himself to criticisms, the client is able to find out the kind of person on whom he has relied.

Second, the client develops an increased sense of self-worth in the process of parrying his convictions and values with a trusted, respected person. The worker relates the discussions to what the client is doing now, confronting him with the reality of what he does as compared to what he says. Sessions which do not bear directly on the client's problems are not wasted as long as they relate to his growing awareness that he is a part of the world and that perhaps he can cope with it.

The worker now directly, but skillfully, interweaves a discussion of the client's strong points. Discussing those areas in which he acts responsibly, the worker can show how they can be expanded.

Because the client must gain responsibility right now, the focus should always be on the present. The past has certainly contributed to what he is now, but the past cannot be changed, only the present.

Why should very rarely be asked. The usual question is *what?* What are you doing--not, why are you doing it? Why implies that the reasons for the client's behavior make a difference in this approach, but they do not. The client will himself search for reasons; *but until he has become more responsible he will not be able to act differently, even when he knows why*. Thus, in an effort toward helping the client gain more conscious responsible control over what he does, it is best to adhere closely to the reality of the present.

TRANSACTIONAL ANALYSIS

Introduction

This paper is a review of selected written material available on the subject of Transactional Analysis (T.A.). The material is presented in condensed form.

Initially, it was felt that the language used in T.A. was simple. However, the more one reads about this approach the less simple the technique seems to be, for game and script analysis are rather complex.

The fact that Transactional Analysis can be practiced by professionals and people from numerous disciplines and that it is effective with a wide variety of problems and disorders have obviously had a great impact on its increasing recognition.

Within the body of this paper the following things are addressed:

- What is Transactional Analysis;
- Its basic theories and principles; and
- Its use.

For more in-depth information about this approach refer to the bibliography provided.

Assumption

Primarily the thesis of Transactional Analysis is that a person learns during the early years of life to evaluate himself and others as O.K. or not O.K. and then develops certain behavior patterns on the basis of this perception.

The basis for T.A. is the study of ego states. It postulates that each human being exhibits three types of ego states: the exteropsychic, the nevpsychic and the archaeopsychic. These ego states are colloquially referred to as: Parent, Adult and Child, respectively.

Definition

Transactional Analysis refers to the diagnosis of which particular ego state is active in each individual during a given transaction or series of transactions, and of the understandings or misunderstandings which arise due to the perceptions or misperceptions of this factor by the individuals involved.

Goal

A goal of Transactional Analysis is to establish the most open and authentic communication possible between the affective and intellectual component of the personality. Another goal of T.A. is to enable a person to have freedom of choice, the freedom to change at will, and to change the responses to recurring and new stimuli.

Techniques

The therapeutic operations that form the techniques of Transactional Analysis are of two general types: interventions and interpositions. These fall into eight logically ordered categories. They are:

1. Interrogation;
2. Specification;
3. Confrontation;
4. Explanation;
5. Illustration;
6. Confirmation;
7. Interpretation; and
8. Crystallization.

Interrogation is a technique used primarily to help the therapist document points that promise to be clinically decisive. ("Did you actually harm your child?") This technique is used sometimes to test which part of the patient (client) is responding.

Specification is a declaration by the therapist, categorizing certain information. The object is to fix certain information in his mind and in the patient's mind, so that it can be referred to later in more decisive therapeutic operations. ("So you never wanted children.) This technique is often used when it is anticipated that the patient might later deny that he said or meant something. This technique is also used to find out if the patient is a determined dodger.

In Confrontation the therapist uses information previously elicited and specified in order to disconcert the patient's Parent, Child or contaminated Adult by pointing out an inconsistency. This technique is often used when the therapist feels that the patient is apparently deceiving him or playing "stupid" or if the therapist is genuinely convinced that the client is incapable of tagging the inconsistency himself.

Explanation is an attempt by the therapist to strengthen, decontaminate, or reorient the patient's Adult. Use of this technique is not suggested if the patient is still 'Butting,' 'Cornering' or 'Trapping'! ("Oh! Yesterday you said ....")

Interrogation, Explanation, Confrontation and Specification are interventions; the last four techniques are interpositions.

An illustration is a smile, anecdote or comparison that follows a successful confrontation for the purpose of reinforcing the confrontation and softening its possible undesirable effects. Illustration is an interposition, an attempt by the therapist to interpose something between the patient's Adult and his other ego states in order to stabilize his Adult and make it more difficult for him to slide into Parent or Child activity. Timewise, illustrations can be immediate or remote. Spatially, illustrations are classified as external or internal. Due to the complexities of the internal illustration, which is usually a comparison, it is advisable to become totally familiar with the effects of external illustrations. Also note that illustrations should be humorous or at least lively. Use of an illustration is suggested only when the therapist is certain that the patient's Adult is listening, that his expressive Child will hear you, that his Parent will not take over, and that the illustrations chosen will be immediately perceived as directly relevant to the proceeding successful confrontation.

Confirmation--The therapist having interposed his influence to stabilize the patient's Adult, now waits for the patient to offer further material to confirm his confrontation. This helps him to reinforce the ego boundaries still further. Confirmation can be used if the patient's Adult is established strongly enough to prevent the Parent from using it against the Child and the Child from using it against the therapist. If either the original confrontation or the ensuing illustration was successful do not use confirmation.

Structurally, interpretation deals with the pathology of the Child. Use interpretation when and where the patient's Adult is on your side, when you are not directly opposing the Parent, and when you are not asking too much sacrifice from the Child or arousing too much fear of Parental desertion or retaliation. Interpretation should not be used when the patient's Adult is not in the executive position or is not properly prepared or is not on your side; nor when it is your Parent or Child talking instead of your Adult.

Crystallization--The technical aim of Transactional Analysis is to bring the patient to a point where crystallizing statements from the therapist will become effective. A crystallization is a statement of the patient's position from the Adult of the therapist to the Adult of the patient.

T.A. does not try to 'make' the patient better, but to bring him into a position where he can exercise an Adult option to improve or get better.

The use of crystallization is suggested as soon as it is certain that not only the Adult, but also the Child and especially the Parent of the patient is properly prepared.

The contract approach in Transactional Analysis preserves the self-determination of the client and allows the client to know when he's gotten what he came for. A T.A. contract is the agreement the therapist makes with the patient to work on the patient's goals. The analyst makes a point of keeping the patient informed of what is happening to him as he goes along. Note also, that the words "mature" and "immature" are never used in Transactional Analysis.

Games are frequently used in Transactional Analysis. "A game is a behavioral sequence which is an orderly series of transactions with a beginning and an end; it contains an ulterior motive, that is, a psychological level different from the social level; and a game results in a pay off for both players."

Stimulus hunger, structure hunger, and position hunger are the motivational concepts that help to explain why people are driven to transact with each other. It is through games that satisfaction is provided for these hungers.

Dr. Eric Berne suggests that the principle of Transactional Analysis can be grasped in ten weeks, and that with a year of supervision an otherwise well-qualified clinician or research worker can become quite adept in theory and practice.

The transactional analyst can be a physician, psychologist, social scientist, social worker, nurse, marriage counselor, and so on, for it is not limited to any one professional discipline.

One main reason Transactional Analysis offers such promise for filling the gap between need for and supply of treatment is that it works at its best in groups. A significant contribution of Transactional Analysis is that it provides patients with a tool they can use. Also, people do not have to be "sick" to benefit from it.

Some of the "pros" of Transactional Analysis over psychoanalysis in groups are: increased patient interest reflected by attendance records; an increased degree of therapeutic success as shown by reduction of gross failures; increased stability of results shown by long-term adjustment; and a wider application in difficult cases such as psychopaths.

A clear understanding of four words, Parent, Adult, Child and Game is the primary requirement for a short-term group or for the first phase of a long-term group. It is suggested that a blackboard be available in the group room for the purpose of illustrating through diagrams, the analysis of the transactions that have aspired.

Although T.A. is most effective in therapy groups, it is advised to have two or three preliminary individual sessions during which routine matters are handled and the patient is introduced to T.A.

In selecting patients for a group, the T.A. therapist can include a random assortment of clients without regard to intelligence, symptoms, diagnosis, etc., or the group could be comprised of specific classes such as only parents of disturbed children.

Transactional Analysis has proven particularly valuable in certain cases where conventional therapies are notoriously difficult to effectively apply. These include various types of psychopaths; latent, remittent, or border-line schizophrenics and manic depressives; and mentally retarded adults.

The methodology of T.A. is receiving increased attention and use in marital counseling. The major role of the transactional therapist is to get both partners in the marriage to tap their Adult ego state on a conscious level and to begin sorting out where the NOT-O.K. Parent messages are coming from and where the NOT-O.K. Child feelings are being acted out.

The use of T.A. in pre-marital counseling can be most helpful in examining the similarities and dissimilarities of the couple contemplating marriage. What is contained within the Parent, Adult and Child of both partners is looked at to help expose the similarities and dissimilarities as already mentioned, T.A. can be utilized after people are married. Harris reports an 84% success (the original goal being to save the marriage) in his use of T.A. with married couples who were experiencing marital conflicts--many of whom had discussed or contemplated divorce as their only way out of the problem.

T.A. has also been effectively applied in a teaching program for expectant parents. Not only the regular instructions about pregnancy, labor, and delivery are taught, but the fundamentals of Transactional Analysis, as well. This is taught in terms of the actual experience the couple is participating in having a baby.

"In the initial phase, T.A. is essentially a teaching and learning method with the aim of establishing certain specific meanings as a basis for a mutual exploration of how the Parent, Adult and Child appear in today's transactions."

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MODULE XII

The Use and Misuse of Foster Care

I. Introduction

A. Procedure

1. Preliminary Reading:
    a. Foster Parenting Young Children, Evelyn H. Felker, Child Welfare League, 1974.
    b. "To Place or Not to Place," a paper by Bernice Boehm.
    c. A New Partnership: Foster Parent Associations and Liaison Social Workers, Jeanne M. Hunyeker, Child Welfare League, 1973.
    d. Only People Cry
    e. The Parent in the Shadows
2. The time required is 2 hours and 30 minutes.
3. The training is for large groups (not more than 30) or small groups (not less than 8).
4. The method of training is lecture, followed by a film, followed by group activities and discussions.

B. Process

1. Present the content area and discuss (1 hour and 10 minutes).
2. The film is shown and discussed (30 minutes). Choice of two films:
    a. Somebody Talk to Me
    b. John

3. Group Activity (50 minutes):

   a. The worker in foster family care has to be closely attuned to feelings. The worker is dealing with natural parents, with children, and with foster parents all of whom have been placed in stress situations. The following activities deal with feelings. Think about the following statements. List some things the person or persons might be feeling. Talk about these and some ways a worker might help. Ask for other statements from the group.

      (1) "When Johnny's mother realized he was going to be placed, she told me to take him. She didn't want him or want to have any more to do with him. She refused to discuss him further or to help me prepare for placement."

      (2) "Jane's first few days in foster care went well. Now she has started to whine and follow her foster mother everywhere. She demands to be held all the time."

      (3) "Mrs. Smith, a foster mother, called and said she felt Annie, her foster child, should have few if any contacts with her mother. After recent visits, Annie is rebellious and appears angry at Mrs. Smith. It often takes days for this behavior to soften."

   b. Placement planning is vital to the success of foster family care. The system has been misused, not to mention the children, through so-called emergency placements where neither the child and his family nor the foster family has been prepared. This builds failure into the system. Consider the following for discussion and possibly for role play situations.

      (1) List some tangible articles that a child can take with him to a foster home.

(2) As a foster parent, what is some of the information you would want to know about a child coming into your home? His family? What would you want him to know about your family? Role play an initial contact with the worker.

(3) Discuss the need to assist the transition of the foster child from the foster home back to the natural family. What techniques can be used to accomplish this?

(4) Discuss contracting with foster parents. What would go into a contract regarding foster parent responsibilities? Agency responsibilities?

II. Content

A. Definition of Foster Family Care

According to the Child Welfare League of America, "foster family service is the child welfare service that provides substitute family care for a planned period for a child when his own family cannot care for him for a temporary or extended period, and when adoption is either not yet possible or not desirable." Foster family care is not appropriate for all children needing placement. Such children might include adolescents who are breaking family ties and cannot relate well to adults. Children may be so disturbed with natural parents that they cannot relate to substitute parents even with appropriate help. Some children have medical, handicapping, or retardation problems requiring special medical facilities. These and some other children should be considered for institutional care, group care, or other specialized care. Licensed and experienced foster parents should be able to care for a wide range of children with proper supports.

B. The Use of Foster Care

The necessity for placement and the plan for placement is a decision that should be made jointly by the worker, the agency, and the family. Many current programs are crying that foster care be used only after other services have failed. Foster care should never be entered into lightly, but neither is it a last resort for a child. It is one of the services a worker has to offer. There are alternatives that should be considered, including:

1. The use of homemaker services;
2. The use of day care services;
3. The use of volunteers;
4. Assistance from relatives; and
5. The use of other helping resources in the community.

The primary factor to consider in assessing the need for the placement of the child outside the home is the physical and emotional abuse the child might continue to suffer in the home verses the emotional problems involved in placement.

There are several assessments the worker must make in the initial contact(s) with an abuse or neglect situation, including:

1. Is severe damage likely to occur if the child remains in the home;

2. Steps to be taken to alleviate the shock of placement, if placement is necessary;

3. The motivation of the parents to change;

4. The strengths that can be built on; and

5. The nature of the basic problems responsible for the neglect or abuse. (Unmet health needs, mental health needs, financial stress, marital conflict, mental deficiency, inmaturity, alcoholism, failure to share responsibility, undisciplined behavior.)

There are several assessments to be made to determine the type of foster care the child needs (family, group, institutional, etc.).

1. Is the child able to tolerate the closeness of family life?

2. Does the child have enough ego strengths to live in the community?

3. Does the child have enough superego for a family to tolerate him?

4. Is the child willing to use foster care?

C. Preparation for Placement

The preparation for placement involves the worker, the child, the natural parents, and the placement facility.

1. The parent and the child need the opportunity to express their feelings about placement.

   a. They may be openly hostile, or quiet and withdrawn.

   b. If feelings are not expressed, they will get in the way of a successful placement.

2. Parents need to know what foster care is about.

   a. They should know that placement facilities must meet standards. Foster family homes are licensed/approved and supervised by the agency.

   b. They should know how medical needs and clothing will be provided.

   c. They should know agency policies regarding care. This should be in writing if possible.

   d. Their continued responsibilities and rights should be made clear. Financial participation should be continued regardless of how small the amount.

3. The worker should try to get the parents to participate in preparing the child for placement.

   a. The parents should be helped to see this as a continuation of their parental role.

b. The parents' aid in preparation can sometimes determine a successful placement.

c. Encourage the parents to involve the child in preparing clothes, toys, etc. for the placement.

d. Obtain from the parents the personal information on the child (medical history, behavior, sleeping habits, likes, dislikes, etc.). Securing this information thoughtfully can give additional clues to the parent-child relationship.

4. The preparation of the child for placement is important.

   a. The worker's explanation of care and what is to happen is geared to the child's age and ability to understand.

   b. The child needs opportunity to vent his feelings, whatever they are--fear, guilt, frustration, hostility, grief.

   c. The child needs to bring his "self" with him in the form of physical possessions, heritage, and background information on self.

5. The preparation of the foster family or the placement facility is equally important.

   a. Information on the child should be shared with the foster parents or staff and discussion should take place on the plans to meet the child's needs.

   b. Information should be shared with natural children and their feelings discussed.

   c. Special preparation should be made for the first few days of placement (house rules, special meals, special treatment).

D. Placement

1. Placement in foster care is a painful process.

2. Separation can bring out various reactions on part of the parent or the child (withdrawal, attacks, hysteria, apathy, temper tantrums, grief). The worker should have respect for these feelings.

3. The parents should have a clear understanding through worker/client contract of the changes expected prior to the return of the child. (The worker should keep this contract and not continually set higher goals once the parent has achieved what was expected.)

4. Plans should be made for future contacts with the child. Hopefully the parent will take the initiative to follow through, but if he doesn't the worker should. Contact must be maintained if child is to return successfully.

5. It should be noted that foster family care frequently fails to meet the needs of the older adolescent. Often these children cannot tolerate the close family structure. In addition, foster parents are not prepared to deal with the problems they present. Alternative forms of care may be needed. Group homes are often successful in dealing with adolescents. In any case there needs to be a solid groundwork laid prior to placement or as soon after placement as possible. Preplacement planning and the active involvement of all parties involved, including the child, in decision making and treatment planning is vital.

E. Follow-up after Placement

1. The worker should assist with visits.

   a. The worker may want to be present on initial visits to observe the interaction of the parents and the child and give support in this often difficult encounter.

   b. The location of visits is determined by the worker based on the skill of the foster parents and the degree of disturbance in the child and/or the parents.

2. The worker should be able to handle and assess feelings expressed during the visit.

   a. When parents complain about the care of the child, the worker should handle this without defensiveness.

   b. If the child is cool to the parent during visits, afterward the worker should help the parent bring out his own feelings about this. This is a good way to help the parent face reality and prepare for change.

   c. When the parent reacts with hostility, defensiveness, or the denial of an attack, counterattacks will do no good. The worker should hold parents to the contract and the expectations set on the contract.

3. The worker should continue the treatment plan with parents once placement is accomplished.

   a. This could include both tangible and intangible services to help client's feeling of self-esteem, self-understanding, capacity to relate and improve the parent-child relationship.

4. The worker should maintain visits with the child in foster care, while working with the foster parents to make placement successful.

5. The worker should talk with the child about his feelings surrounding separation from the parents and help the child deal with these feelings.

F. Future Planning

The following might be considered in future planning for the child in placement.

1. The worker's alternatives are:

   a. Return to parent
   b. Placement with relatives
   c. Release for adoption
   d. Continuing foster family care
   e. Institutional care.

2. Some measurements of when the parents have an improved capacity to meet the child's needs are:

   a. Dependability or lack of dependability in keeping appointments and agreements.

   b. Ability to cope with different situations--worker should see an improved capacity if parent has changed.

   c. Growth in the way a parent relates to agency and child.

   d. Ability to see the child's needs as separate and apart from his and begins to meet those needs.

   e. Recognition of the need for change in problem areas and efforts made in relation to the problem.

   f. Growth in the capacity to relate, growth in self knowledge, self esteem and trust.

3. If the decision is made to return the child home the worker should supervise the child in the home for a period to observe parent-child relationships and continue the service provision.

4. If the return is successful, custody should be returned to the parent if it was removed by the court.

5. If the decision is for termination of parental rights or continuing foster care, the case should be transferred to the appropriate staff.

6. If the decision is for placement with relatives, an evaluation should be made of the home to determine appropriateness of placement. If placement is executed, the worker should prepare both the family and the child. Supervision should be continued through an adjustment period to give support to the success of the placement.

7. If the decision is for placement in an appropriate institution, the case should be transferred to the appropriate staff for applications to be completed and placement accomplished.

G. Program Planning and Involvement

1. Foster Home Recruitment

   a. Philosophy:

      (1) Social services are a community responsibility. Community involvement enriches and increases the quality and quantity of social service programs. Substitute care requires the participation of the community to provide the needed services.

      (2) The recruitment process is founded in the licensing requirements, regulating policies, and the practices of the foster care programs. These influence the planning and implementation of recruitment.

      (3) Planning process should include:

         (a) Determination of need (i.e., number of homes, homes to meet special needs, etc.);

         (b) Agency's ability to respond to influx of inquiries and evaluations;

         (c) Utilization of manpower:

            - agency staff
            - foster parents
            - community--individuals and organizations;

         (d) Time schedules;

         (e) Budget;

(f) Recruitment techniques (i.e., mass media, speakers, brochures, etc.);

(g) Evaluation process.

b. Time Limited and On-going Recruitment:

(1) Time Limited -- Periodic efforts to increase the number of foster home inquiries need to be made. Time limited efforts can make maximum use of all resources. Efforts can be made to recruit new foster homes or homes to meet special needs. Efforts can be made to recruit in the community or within the existing supply of foster parents.

(2) On-going -- Fewer agencies have organized on-going recruitment efforts. Diverse, on-going efforts should be organized. Foster parents and the community should be assisted to take an active role in recruitment. Data should be gathered to help evaluate recruitment.

c. Recruitment for Special Needs:

(1) Efforts can be made to recruit homes to meet the needs of children with special problems or in certain age groups. Special consideration should be given to recruitment from experienced foster parents who could be further trained to meet special needs.

(2) Occasionally, recruitment or home finding efforts might be necessary for an individual child or family of children. Possible problems in this type of recruitment include breach of confidentiality, potential foster parents who respond to an emotional appeal but are not prepared for long-term problems, placements made in homes that have not been properly prepared as to agency's role, etc. All

possible efforts should be made within the foster program to meet these needs.

(3) Preplanning for recruitment for special needs should include a written description of the qualities, strengths, and experience the agency is looking for in this foster family. Consideration should be given to the training and support services that might be needed and the agency's ability to provide or purchase the training and services.

d. Evaluation and Orientation:

(1) Evaluation is founded in licensing requirements and policies. The evaluation should screen and educate. It should determine the motivation. The total family should be included in the process. The family should not be in a transition period. The family should offer the child love, the chance to grow and to develop a good self-image. Prejudice, intolerance, and judgmental behavior should not influence this family's ability to meet a child's needs. The home should meet health and safety standards. Areas such as sexuality, discipline, recreation, natural parents, agency roles and many others need to be explored in the evaluation and orientation process.

(2) Orientation can be carried out on an individual or a group basis. It should always involve experienced foster parents. Good orientation is an additional screening method. Orientation should familiarize the foster parent with the program's policy and procedure. It should introduce new concepts pertaining to foster families, foster children and

natural parents. In all areas the feelings and emotions of the potential foster family should be explored.

e. Sample Programs and Readings:

(1) Utah Foster Care Recruitment Project
Social Service Programs, Inc.
1252 Gilmer Drive
Salt Lake City, Utah 84105

(2) The Recruitment and Retention of Foster Parents
Contact: Carol Prussia
55 W. Younger Ave.
San Jose, Calif. 95114

2. Training

Training is a vital on-going process in foster family care. Foster parents should participate in the planning and implementation of training. Foster parents and social workers should both be required to participate in a specified number of hours of training annually. Some of the available training material are reviewed in the addendum at the end of this module.

3. Review Systems

Review systems have developed in many states to assist children in finding added security in their living arrangements. Without some type of review system the danger is that a child will be placed in temporary foster family care and forgotten. A child should either return to his natural family, be released for adoption, or settle into a permanent substitute care arrangement. Review systems insure that action is taken within certain time periods. Review systems can take the form of:

a. In-house/County Level -- A system of supervisory or administrative review by agency personnel at the county level.

b. In-house/State or District Level -- Review by agency staff at state or district level.

c. **Judicial Review** -- A court review of all children remaining in care over a certain time period.

d. **Citizen Review** -- A citizen review board selected to recommend or decide on the action to be taken after a child remains in care for a specified time period.

4. Foster Parent Involvement

Foster parents' involvement must be encouraged throughout the program. Foster parents should participate in training, orientation, planning, and recruitment. They should serve on advisory boards and be appointed to ad hoc committees. They should be present when their foster child's case is staffed. Foster parents associations should be encouraged and assisted.

5. Community Involvement

Community involvement should be encouraged in foster care programs. Action committees have been formed in many areas. Community organizations can sponsor training or recreational events. Many individuals who are not interested in full time foster care can provide relief for foster parents. Community involvement adds strengths and commitment to the program.

APPENDIX

FOSTER CARE TRAINING MATERIAL

1. Introduction to Foster Parenting

Contact: Foster Parent Dissemination Center
Child Welfare League of America
67 Irving Place
New York, N.Y. 10003

Material: Includes films, cassette tapes, readings, workbooks, and other handouts. A leader's guide is furnished.

"Introduction to Foster Parenting" is designed as a series of 6 two-hour sessions that enter help new and prospective foster parents enter foster care with a greater awareness of the basic issues involved, their own role, and the role of the agency.

2. Course Outline--Foster Parent Training Project

Contact: Eastern Michigan Univ.
Ypsilanti, Michigan 48197

Material: A gathering of 18 course outlines on subjects concerning foster family care. Each outline contains general objectives, specific goals, important points, suggested activities, and suggested readings and materials.

The course topics are:

Introduction to the Role of Foster Parenting and the Problems of Separation
The 3 Families of the Foster Child...
Fostering Infants
Fostering the School Age Child
Fostering the Teenager
Guiding the Sexual Development...
Fostering the Child with Mental Retardation, I and II
Fostering the Physically Handicapped Child
Handling Lying, Dishonesty, and Destructive Behavior
Fostering the Emotionally Impaired Child, I & II

Fostering the Battered and Abused Child
Communicating with Professionals and Using Community Resources
Working with Natural Families
All Under One Roof
Legal Aspects of Fostering
The Foster Parent's Role in Assessing and Planning...

"The ... course outlines were prepared for use be project instructors in training foster parents. They were designed as a response to the concerns of foster parents, agency personnel, and child welfare professionals.... The courses were designed for a 20-hour format."

3. Foster Care Video Tapes--Rental or Purchase

Contact: Foster Care Certificate Program
338 Notle Center
315 Pillsbury Dr., SE
University of Minnesota
Minneapolis, Minn. 55455

Material: Nine color video tapes 1/2 to 1 hour in length.

A study guide with a chapter on each tape. The tape topics are:

New Directions
Team Approaches I & II
Shared Parenting
Child and the Community
Behavior Management I & II
Separation & Grieving
Cultural Differences

"These topics were developed in conjunction with...the University of Minnesota's Foster Care Education Certificate Program. They may be used in...an in-service training program or in the development of such...."

4. Introduction to Foster Parenting, I & II

Contact: Department of Family and Child Development
College of Home Economics
Kansas State University
Manhattan, Kansas 66506

Material: Two volume booklets of course outlines. Each volume contains 4 units on different subjects. Each volume contains an outline for instructors and a resource section. Each unit contains a material section and a discussion or case studies section.

The Unit topics are:

Volume I

- History of Foster Parenting
- Trends in Foster Care
- Kinds of Foster Care Placement
- Factors in Foster Care Placement

Volume II

- Foster Parent's Relationship with the Agency
- Separation from the Natural Parent
- Relationship with the Natural Parent
- Foster Family Relationships

Other training material can be obtained through the Child Welfare League of America, National Foster Parents Association, and RISWR. The Boston College School of Social Work, the University of Wisconsin School of Social Work, and Nova University have developed training systems. Material is available through the State of Utah's Department of Social Services and its Foster Parents' Association on recruitment of foster parents and training in therapeutic child care, behavioral child care, and specialized treatment child care.

MODULE XIV

Linkages: Child Protective Services-Law Enforcement-the Juvenile Court

I. Introduction

A. Description

This module deals with the partnership between three of the key agencies involved in child protection, the strategic points at which the partnership must be cooperative and coordinated, and some areas of conflict which often render the partnership ineffectual.

B. Objectives

At the conclusion of this module, trainees will be expected to be able to:

1. Describe the specific role of the three agencies in the protection process.
2. Understand the strategic points in the child protection process and the necessity for a meaningful partnership if the community is to work toward success in protecting children and helping families.
3. Recognize and understand differences between the agencies' philosophies while recognizing the commonality of purpose.
4. Identify areas of conflict between the agencies in their own community toward the goal of improving relationships.
5. Conceptualize and understand child abuse and neglect more as a community problem than one relegated to a specific agency for actions and solutions.

C. Activities

1. Lecture and Discussion: The Child Protection Process-The Role of CPS, Law Enforcement, the Juvenile Court

Child protection has traditionally been viewed by the public strictly as the public social service agency problem. Sadly enough, agencies have reinforced such views. Agencies have particularly shunned the involvement of law enforcement due to perceived differences in philosophies. However, patrol and juvenile officers in law enforcement agencies have unique roles in child protection which complement but need not necessarily duplicate the work of CPS workers.

In most states the mandated recipient of CAN reports is the child welfare agency. Some state laws require that reports be made to an appropriate police authority. Still others provide for two or more recipients of reports, e.g., department of public welfare, the sheriff's office, or the chief county law enforcement office.

While departments of social service have the major responsibility for the child protection process in most communities--mandated to receive reports of maltreatment to children and to oversee the protection process--they cannot bear the responsiblity without the cooperation and efforts of other agencies. Realistically and philosophically, the welfare of children is a community affair, with law enforcement and the court being key partners in the process.

Areas to be covered in this lecture include:

a. The objective of child protection;

b. The role of CPS, law enforcement, and the juvenile court;

c. The functions/activities of a child protection agency;

d. Strategic points for interaction between the agencies; and

e. Philosophical and legal constraints.

Resource Material: Lecture Paper "Partners in the Child Protection Process"

2. Film: "Working Together"

Film available from:

Purchase: National Center on Child Abuse
and Neglect
P.O. Box 1182
Washington, D.C. 20013

Loan: RISWR, Inc.
468 N. Milledge Avenue
Athens, Ga. 30603

This film presents three illustrative examples of the team approach for dealing with abuse and neglect cases--the Montgomery County Maryland, the San Diego Council, and the Kansas City teams.

One of the major values of the film is its emphasis upon how the team may function in the following kinds of activities:

a. Joint investigation with social workers and police;
b. Case consultation;
c. Inservice training;
d. Public awareness;
e. Consideration of service gaps and identification and joint support for backup proposals;
f. Intergovernmental cooperation;
g. Information exchange and support to direct service workers;
h. Training cooperation--Agencies send workers for training to other agencies.

Beyond the above, the film notes how professionals who work together encounter problems of turfdom. It is an excellent film for depicting how agencies interrelate and enhance the efforts of each other. It may serve as a stimulus to move communities toward a more cooperative and coordinated approach to the child abuse and neglect problem.

3. Small Group Discussion of Problems Experienced in the Partnership Relationship and Ways of Resolving or Minimizing Such Problems

   The groups will consider their own communities in regard to how situations are presently and might be better handled.

   a. Routine and emergency reports to law enforcement agencies;

   b. Routine and emergency reports to CPS agency;

   c. Routine and emergency situations detected (casefinding) by police officers while on routine patrol and during the investigation of domestic problems.

   Resource Materials: State CAN Reporting Law, Agency Manual [procedural guidebook if available for CPS agency, law enforcement, and the juvenile court]. If these resources are not available, the trainer must be knowledgeable in these areas.

D. Instructions

Prior preparations:

1. Obtain (duplicate) enough copies of all materials: State CAN reporting law, relevant sections of agencies manuals;

2. Try to provide trainees with materials prior to the session;

3. Trainer should become knowledgeable about the legal responsibility of law enforcement officers as prescribed in the several statutes; and

4. The film should be obtained with space and equipment for viewing.

E. Training Procedures

10 minutes	. Convene total group . Determine (if not known) the composition of the group . Give brief description of the unit in terms of objectives and activities
Activity #1 (60 minutes)	Lecture and Questions: The Child Protection Process-The Role of CPS, Law Enforcement, the Juvenile Court . Present lecture . Entertain questions and/or short discussions
Break (15 minutes)	
Activity #2 (35 minutes)	Film: Working Together
Activity #3 (1 1/2 hours)	Small Group Discussion . Describe the activity . Divide trainees into small groups . Instruct each group to choose a recorder to take notes and be prepared to present a 5 minute summary of the group's discussion during the large group discussion
(10 minutes)	. Instruct the groups to think on the general types of situations, e.g., routine and emergency complaints to each of the agencies; routine and emergency casefinding by police officers, etc. . Instruct groups to diagrammatically depict how casehandling presently occurs in their communities . Instruct groups to think on and discuss constraints

- Finally, instruct groups to incorporate the lecture and film to arrive at possible solutions

(50 minutes)
- Trainer rotate between groups as they perform this activity to answer questions, keep groups on course, and where necessary stimulate the activity

Short Stretching Break
(5 minutes)

(25 minutes)
- Reconvene the total group for the small group summary reports
- Allow each group recorder 5 minutes to report
- Ask for questions after each report
- Write identified problems/ solutions on chalkboard
- Synthesize these materials
- Briefly summarize the module

Aides: Chalkboard and chalk in each room.

II. Content

A. Introduction

Child protective services in a specialized community social service which has as its major objective that of the protection of children who are at risk of or are actually victims of physical abuse, neglect, sexual molestation, and other forms of maltreatment.

The protection of children must be viewed as a process--initiated by an incident/circumstance which results in detection and/or a report to the investigation, to emergency action and court proceeding if warranted, and to the strengthening of the family, if possible, through support services. In order for a community to successfully deal with the protection of children, a network of community interactions beyond the boundaries of single agencies must be coordinated.

As indicated earlier, law enforcement agencies have been shunned by social service agencies--except under dire circumstances warranting police authority--due to the perceived philosophical differences between the agencies in the orientation toward and the actual handling of abuse and neglect cases.

In fact, however, both the agencies have an overriding goal--the protection of abused and neglected children and the stabilization and/or rehabilitation of the home. The major difference exists in the respective roles and methods of operation which have been different and perhaps necessarily so.

Although social service agencies have the major responsibility for the protection of children in most communities, the fact remains that there is a need, and increasingly so, for cooperation and coordination with other community agencies, especially law enforcement in order to fulfill this responsibility.

In most communities there are numerous resources available and many of these perform various roles and provide services in abuse and neglect situations. The problem, however, is usually a general lack of recognition of the existence of or the role of any other agency except the one within which a person is involved. What is generally noted is a lack of coordination of service delivery and little liaison between community agencies.

B. CPS, Law Enforcement, the Court as Partners

Perhaps, the three community institutions most important to the solution and eventual disposition in abuse and neglect cases are social services, law enforcement, and the juvenile court. All three of the institutions have their respective roles (which often merge at various points in the protection process) with the common objective being the protection of the community's children from abuse and neglect.

While we have noted at various points that the role of social service agencies in CAN cases is a vital one and mandated by most state laws, we have not looked at the roles law enforcement agencies play.

The role of law enforcement officers in the protection of children is both vital to a community network of protection and to the protection process per se.

There are four basic reasons why law enforcement must be viewed as a vital aspect of a community's network to protect children:

1. Law enforcement officers may be the first to detect abusive and/or neglectful situations;

2. Law enforcement agencies are accessible on a 24-hour basis;

3. Law enforcement agencies have a well organized communication system which makes possible immediate response; and

4. Patrol and other law enforcement officers have police powers to bring to bear when such is needed in intervention.

Many cases of child abuse and neglect routinely come to the attention of a community's police or other law enforcement agency. Some such cases result from reports made directly to the police or sheriff's department; others unfold as law enforcers pursue situations involving adults in police matters, e.g., domestic altercations, criminal behaviors of parents or guardians; and still others are recognized by officers as they routinely patrol their assigned territory.

In order that a system can provide the services it is intended to provide, there must be a mechanism which makes the services accessible as needed. In protective services, the identified periods of greatest need are late evening, early morning, and on weekends. Intake into most social service agencies is usually restricted to the agency's office hours, i.e., 8:00 a.m. - 5:00 p.m., Monday through Friday.

In most communities, complaints and reports of abuse and neglect are made to and acted upon by law enforcement officers after the social service agency's office hours. Thus, through linkages between social services and law enforcement, a community has the potential for a 24-hour coverage in its system for the protection of children. What is generally lacking is a planned coordination procedure for interagency case handling. We shall return to this point in a subsequent section.

The initial requirement in the sequence of protective services [after intake study procedures] is a prompt investigation of the complaint. Far too often, however, the time which elapses between time of incident, time of report, and time of official investigation is sufficiently long enough to allow the visible qualities of physical abuse and some neglectful conditions to disappear. This state of affairs within the social service agency may be explained, in part, by the lack of manpower, the apparent lack of dispositional guides by which cases can be prioritized for investigation, and mechanisms for effecting the investigation. On the other hand, virtually every community is endowed with a law enforcement agency(s) which has a well organized communication system which makes possible expedient response. Beyond this capability, some law enforcement officers routinely patrol the community. This means that the communication system, coupled with the patrolling officer(s), provides an immediacy in investigation which is often required in some CAN cases.

The first contact with a reported family often turns out to be a trying experience for the worker. The parent(s) may be hostile and refuse to allow the worker to enter. In such situations, the worker could well benefit by law enforcement officers to gain entry.

Beyond being a vital aspect of a community's network to protect children, law enforcement officers play a vital role in the protection process itself. They have specific responsibilities in:

1. Casefinding and reporting;

2. Diagnosis and intervention; and

3. Case management.

The execution of these responsibilities, if shared by and linked with the efforts of the protective service agency, would move a community toward a better system of child protection.

While only a small proportion of the cases reported to the mandated agency reach the juvenile court and an even smaller proportion result in criminal action, the role of the court in CAN cases is indeed of major importance. And in those cases which do warrant court action, both the social service and law enforcement agencies are intricately involved.

Juvenile court proceedings in CAN cases are initiated by a petition filed on behalf of the child. Generally, state laws and local court procedures explicate who may file the petition. In some jurisdictions, the petition may be written and filed by the county attorney, police or juvenile probation officers, and/or CPS workers. In some few states, the petition can be filed by anyone. In our state (the procedure may be modified in specific local jurisdictions), the petition can be filed by:

> Provide trainees with information according to state law and local court procedures if known.

There are two major functions of the juvenile court:

1. Adjudication--the function of assessing the facts to determine if the State should intervene on behalf of the child; and

2. Disposition--the function of determining the most appropriate action the State should take.

C. Major Functions/Activities in a Child Protection Agency

1. Coordination and Cooperation with the Environment.--The protection of children is a community affair, one in which many systems may and must become involved if the protective service program is to be a success. Viewing the protection of children in this manner, it logically becomes an expected function of the system, mandated to protect abused and neglected children, to initiate and/or maintain a well coordinated and cooperative relationship with its environment.

2. Intake.--Entrance into the protective service system occurs through intake. The intake function involves the screening of cases to determine the nature of the action to be taken.

3. Screening.--While screening can and is generally considered an aspect of the intake process, we have chosen to treat screening as a separate function or activity, as each system handled the process in distinctly different ways.

4. Investigation.--The investigation, through which the validity of complaints is determined, has probably always been a major activity of protective service systems. However, in view of the mandate in Public Law 93-247, requiring that the State provides for an investigation of every reported known or suspected instance of abuse or neglect, we can assume that the investigatory function will become increasingly more important as a protective service system activity.

5. Case Assignment.--Case assignment as a function may be related to the investigation and to case handling. In relation to the investigatory function, the assignment of cases appears to be based on assumptions regarding the nature of the incident and the severity of the injuries or the neglectful conditions. The assignment of cases for "management" purposes seems to be based on the above assumptions as well as structural and organizational aspects of the system.

6. Case Handling.--Responsibility for planning and coordination, referrals and/or court petitions, and on-going delivery of services to children and their families, i.e., follow-up, are elements of the case handling function.

7. Record Keeping.--Record keeping is the process of maintaining data which can be utilized for the general purposes of accountability, showing effectiveness of services, and for internal decision-making functions.

D. Strategic Points for Coordinated Actions/Linkages

Thus, we note that coordination and cooperation with the external environment is a major function of the child protective service agency. In the following discussion we note that some of the functions of the agency depend upon the activities and efforts of law enforcement and/or the court.

1. Intake and Investigation.--While in most communities, the social service agency has the major responsibility for the protection of children, the intake function rests, in large part, upon input from other agencies within the community. Succinctly, it is largely due to the casefinding and reporting of persons and/or agencies external to the protective service agency that intake is made possible.

   Law enforcement is one of the "key" agencies in the community which shares in the responsibility of casefinding and reporting abuse and neglect cases. In fact, in some communities, law enforcement is the mandated agency to receive and investigate cases of suspected abuse and neglect.

   Police officers find CAN cases through two major channels: through complaints from the wider community, e.g., hospitals, schools, neighbors, etc., and through the routine of their job performance--the nature of their work in the community provides them the opportunity to detect abused and neglected children and/or those at risk of maltreatment.

Undoubtedly, a protective service agency's operations are impeded when law enforcement and other community agencies fail to channel suspected abuse and neglect cases through the agency's intake. Beyond the concern of limited input from such community agencies from the standpoint of the failure to provide services to children and families in need, from a system's standpoint, the inappropriate and/or uncoordinated handling of cases by other agencies poses problems for the delivery of services by the protective service agency, i.e., impedes the orderly sequencing of services, making their delivery difficult or impossible.

> Trainer may offer an example explicating the problem-police officer investigates domestic quarrel; removes children; jails parents; several days before CPS is notified.

To reduce the above kinds of problems, coordination and cooperation must exist between the law enforcement and social service agencies such that the efforts by one do not negate those of the other.

The juvenile officers of the court too need to be involved in the coordinated intake (entrance) process. The court in some communities receives complaints of abuse and neglect. Beyond this, court action, e.g., immediate removal, may be effected through the court prior to CPS involvement.

Related to intake capabilities are the procedures for investigating and following through on complaints. Police involvement often requires officers to call upon or assist CPS workers during an investigation. Law enforcement officers may be requested to provide assistance to the CPS worker, particularly when investigating a situation in which the parent(s) is hostile and refuses entry to the worker. Sometimes the officer and the CPS worker may be conducting simultaneous but separate investigations; and in some instances, the two may work together as a team or part of a team.

> Trainer should re-emphasize the above possible investigatory situations pointing to possible problems and/or ways to enhance efforts.

The advantage of coordinated efforts in the investigation is that it provides for the presence of social service and court authority in cases warranting same.

> Trainer should take pains to point out that while intake and investigation should represent uniform and coordinated procedures, this does not mean that conjoint investigations need always be conducted. Some inter-agency guides must exist for specific courses of actions.

A coordinated system of intake and investigation is absolutely essential. Without a doubt, police officers may be the first to detect or otherwise find or respond to reports of cases. And in some instances, actions such as an investigation and protective custody might be warranted. In such instances, it is the law enforcement officer's legal responsibility to investigate to see if the child is at risk or can remain home, to take into custody if danger is imminent, and to report the findings immediately to CPS. What happens in many communities, however, is the total failure or lengthy gap between police action and CPS involvement.

The failure to develop and/or maintain coordinated efforts between CPS and law enforcement may rest more on the differences in laws governing police officers actions than upon perceived philosophical differences.

Trainer points out that philosophical differences do exist. But the basis for the difference may be in the orientation prescribed by law and the nature of law enforcement work. It can be shown that in fact some CPS workers exhibit an authoritarian approach much in the same manner as police officers [excluding rights to jail]. The fact that law enforcement and social service have the goal of child protection is a firm basis for believing that with education and training, major points of conflict can be eliminated barring legal constraints.

Law enforcement's legal responsibility in CAN cases are set forth in a variety of state laws--CAN reporting law, the juvenile code or family court laws, and the state criminal laws. Such a diversity of prescriptions governing behavior among the different codes may lead to differences in case handling. When the prescription in either or all of such laws define abuse and/or neglect in criminal terms, one can surmise that a rehabilitative orientation among officers will be less likely to occur.

Trainer provides trainees with information regarding law enforcement's legal responsibility in CAN cases as set forth in the different state statutes.

In communities where there is no coordinated system for the delivery of protective services there is the need to develop inter-agency procedures for case handling, i.e., protective service and law enforcement. Concomitantly, training for law enforcement personnel in general and line officers in particular is vitally important. Where coordination exists, efforts toward continuous open communication toward the goal of cooperative relations must be expended.

2. The Court Process.--We have previously noted that the juvenile court process is initiated by a complaint in the form of a petition on behalf of the child, and who may file a complaint in most states. In our state, county, etc.:

> Trainer gives information regarding who may file--length of time after petition before hearing--and appointment of guardian ad litem.

We have also noted the two major functions of the juvenile court in CAN cases--adjudication and disposition. What we wish to lay out here is the relevance of law enforcement and CPS prior activities to the processes.

The adjudicatory hearing--the function of assessing the factors to determine if the State should intervene on behalf of the child--relies heavily upon evidence gathered by CPS and/or police officers. Thus, in cases which end up before the court it is essential that the investigation(s) of the reported incident be objective and thorough. One of the major differences between CPS and law enforcement has been in the different methods of investigating--CPS has been trained primarily to conduct a social assessment; law enforcement officers have been trained to uncover criminal evidence.

Too often in cases where evidence may be needed, the police are called into the case after the child has been removed, the parents interviewed, and some evidence might be destroyed. On the other hand, CPS case actions might be impeded when precipitous police action preceded theirs. The point here is twofold: (1) uncoordinated actions of one often negate the efforts of the other, and (2) coordinated actions--intake and investigation--are vital to the court process.

An aside: Trainer may point out that officers can be trained in the social assessment areas and CPS can be trained in more efficient investigative skills.

The function of the dispositional hearing is to determine the most appropriate action the State should take. The judge relies heavily upon what agencies/persons think should be done. Hearsay and opinion evidence, which may not be admitted at the adjudicatory hearing will usually be admitted during the dispositional hearing. Again, police officers and CPS workers are usually involved.

3. Case Management.--Part of the case management process involves on-going monitoring and assessment activities for which the child protective service agency has major responsibility. It is not the purpose of this discussion to outline and describe the case management process; rather, we want simply to note that law enforcement officers have responsibilities which complement the agency's case management functions.

Law enforcement officers are aware of the community's make-up, families who experience crises, and community resources. As a partner to CPS in reported cases, law enforcement officers can be especially helpful in overseeing problems in those families.

The courts too are becoming more an active part in the case management process. Because of the failures in our foster care system, some states are moving toward court review hearings of adjudicated cases.

E. Some Points to Think On

CPS must recognize that:

1. Police officers (without education and training) generally lack an understanding of human behavior and family dynamics;
2. Police officers are generally not educated and trained in abuse and neglect issues;
3. Police officers and CPS may differ on degree of seriousness which requires intervention as well as mode of intervention;
4. Law enforcement officers may be operating on legal responsibility in CAN cases as prescribed in the criminal statutes;
5. CPS has been guilty of "turfdom" problems in child protection;
6. CPS and law enforcement have both been too quick to point out conflicting differences rather than to major commonalities;
7. Both agencies have been guilty of seeing their way as best; when, in fact, they are only best together when it gets down to protecting children; and
8. The court is a resource partner, one which depends heavily upon CPS and law enforcement.

MODULE XV

Mobilization of Community Resources

I. Introduction

This module deals with the following topics:

a. Identification of gaps and problems in local child abuse and neglect services;

b. Identification of local service resources which are relevant to protective services; and

c. Development of a strategy to implement an innovative local project.

The module is designed to help the trainees better understand the problem of child abuse and neglect service delivery at the local level. Through structured steps of analysis the trainees will devise a preliminary plan for the implementation of a project to fill the gaps in local services.

In order to expedite the process of the module, the trainees should be grouped by counties.* In cases where there is only one trainee per county,* the trainees should be grouped by similar or adjacent geographic areas. This will help the trainees focus on a project concept relevant to the trainees local situation.

The module should take from two to two and one half hours to complete. Training procedures include instrumentation and group discussion. The procedures are applicable to groups of a minimum of five to several hundred. Sub-groupings for small group discussion should not exceed twenty participants.

This module involves the use of a structured planning and analysis process. In order for the workshop to be effective, you must adhere to the instructions in each step. Some steps require you to work alone in the group to generate ideas; other steps involve group sharing of ideas and discussion of issues. Instructions will be given at the beginning of each step. Due to the schedule of activities, you must work efficiently and follow the time allocations for each step.

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*Or whatever the local operating unit is.

The format for this module lends itself readily to a training session. Review of the module should be from the standpoint of a trainer presenting the process to trainees.

II. Content

A. The Project

One way to look at planning child abuse and neglect projects is in the context of problem solving. You might consider this workshop in that light--that of a problem solving process. In order to focus individual and group activities in the workshop, your group must select a project which could be implemented in your county.

Your group now has 10 minutes to select one of the following projects which you would like to see implemented in your county:

1. On-going protective service task force;
2. Self-help groups--parent anonymous;
3. Parent education program;
4. Parent-aide program;
5. Homemaker program;
6. Big brother/sister program;
7. Public awareness campaign;
8. Crisis nursery and hot line; and
9. Specialized day care program.

B. The Question

When the group has selected a project, each trainee should complete the following question:

Question: How can we develop ____________________
____
(write project in blank space) in our areas.

Now take 10 minutes to discuss in your group, the type local problems which make this project a necessity.

The group then discusses the problem statement and question for five minutes. The group should now elect a recorder who will record statements on newsprint during the workshop.

C. Project Analysis Questionnaire

The project analysis questionnaire is designed to help you implement a CAN (child abuse and neglect) project in your area. When the questionnaire is completed, you will have a list of people who should be involved in the local project, a list of special circumstances affecting the project, and an analysis of factors working for and against the project.

Respond to each item fully so that other group members can understand your point of view. When appropriate, try to answer with short statements or sentences. The questionnaire is yours to keep; you do not have to turn it in.

1. Step I: Network Design:

   Instruction: If you could design an ideal CAN project for your area, what characteristics would the project have? In the numbered spaces below, write down all your ideas of the characteristics and conditions of an ideal CAN project for your area. The list you develop will comprise a preliminary list of goals for the CAN project. Work alone in the group; please refrain from talking to the other group members in this step. Complete this step in 10 minutes.

   The ideal CAN project for my area should have the following characteristics:

   1)

   2)

   3)

   4)

   5)

Now, select the one most important statement (your top priority).

If all group members are finished before 10 minutes, go on to Step II.

2. Step II: Recording:

   Instruction: A recorder now writes each group member's top priority statement on newsprint. This is done in round-robin fashion beginning with one group member reading his priority statement and moving around the table until all group members have read their statement and it has been recorded. All group members must listen to the statements as they are read aloud. Discussion of issues is not allowed until all statements are recorded. Group members may, however, ask for clarification if they do not understand a statement. When the recording is completed, the newsprint should be posted on a wall for the group's review. This step should take 20 minutes.

3. Step III: The Goal:

   Instruction: Now, the group should discuss the statements on the newsprint. The group's task is to select one-to-five statements from the lists to serve as a goal(s) in developing an initial or more effective CAN project for their community. The discussion should run 20 minutes. After 20 minutes, select one-to-five priority statements from the list. Selection may be by consensus or vote.

   Write the group's selected statements here:

   1)

   2)

   3)

   4)

   5)

You can consider the total list of statements as an initial design of your CAN project.

4. Step IV: Analysis:

Instruction: Now, working alone, in the group, complete the following items 1-5. This exercise should be done individually--no talking to other group members. This should take 20 minutes.

1) Write down any special circumstances which may affect the development of a CAN project in your county:

a.

b.

c.

d.

e.

f.

g.

h.

2) List the people who must be involved in order to bring about realization of the project goals your group identified in Step II:

a.

b.

c.

d.

e.

f.

g.

h.

3) Under present circumstances and conditions, the following would be on my list of forces working in favor of developing the project and realization of the goal:

a.

b.

c.

d.

e.

f.

g.

h.

4) Under present circumstances and conditions, the following would be on my list of forces working against the development of the project and realization of the goal:

a.

b.

c.

d.

e.

f.

g.

h.

5) When the group gets back home, the following things should be done to insure the project is developed:

a.

b.

c.

d.

e.

f.

g.

h.

If everyone in the group finishes before 20 minutes, go on to Step V.

5. Step V: Information Sharing/Discussion:

It is allright to talk during this segment. Now, compile a "master list" of the five categories in Step III, including:

a. Circumstances;
b. People;
c. Forces working for you;
d. Forces working against you; and
e. Things to do back home.

Put the list on newsprint and post it on the wall.

After making the master list, which should take approximately 30 minutes, there should be an open discussion of the information lasting 30 minutes.

Questions to be answered in this discussion:

a. How can this information and the total training experience be used back home?

    b. How can the group act on the information?

    c. How can the group organize to promote a CAN project?

6. Step VI: Follow-Up:

   When you get back home, share your conference experience with others. Try to organize yourself or a group to develop a detailed strategy for the project you worked on in this module.

MODULE XVI

Programs and Developments in Child Protective Services

I. Introduction

A. Procedure

1. This module should be presented with a lecture followed by discussion.
2. The training will last five hours.
3. The training is designed for large groups of no less than 100.
4. The content area may be presented as a whole or divided into segments.
5. The last portion of the training will be done in small groups of 15 each. It involves a role play situation.

B. Process

1. Present the content area (2 hours).
2. Where a film or video cassette is inserted in the content training, show it at that point (1 hour, 45 minutes).
    a. Section IIC -- Working Together--30 min.
    b. Section IICb -- Dispositional Conference--30 min.
    c. Section II -- Parent Education Hurray For Me--15 min.
    d. Section II -- Parent Aides Lay Therapists/Parent Aides--30 min.
3. Allow time for questions (15 minutes).

4. Distribute material for trainees to read after the training. Include brochures and pamphlets about specific programs.

5. Divide into groups of 10 or 15. There should be at least 9 groups. Each person will role play as follows:

   a. The individuals in each group will be instructed to assume the following roles: physician, social worker, mental health professional, parent, public health nurse, radiologist, volunteer from a women's group, attorney, policeman, and teacher.

   b. The groups will be charged to work together as a team with a single goal for creating one of the following:

      (1) Ongoing protective service task force;

      (2) Self-help groups--parent anonymous;

      (3) Parent education program;

      (4) Parent-aide program;

      (5) Homemaker program;

      (6) Big brother/sister program;

      (7) Public awareness campaign;

      (8) Crisis nursery and hot line;

      (9) Specialized day care program.

   c. Each group will assign a recorder to write down tasks and ongoing activities.

   d. The role play exercise will last one hour.

II. Content

A. Objectives

The overriding objective for the new supportive programs in child abuse and neglect prevention is to treat the entire family unit. The philosophy being that abuse and neglect are symptoms of serious family unhappiness and that intervention requires alleviation of this unhappiness. Keeping the family intact and strengthening the family life is the primary goal.

Protective services may be provided by all sorts of disciplines and agencies. The local branch of social services cannot alone fulfill the challenge which most families present. Child abuse and neglect may be prevented and treated when a variety of professionals work together and assume the responsibility for the family's needs.

B. Intervention

Implicit in the objectives for any supportive service is the concept of intervention. To protect a child, some type of intervention within the family is necessary. Specific intervention varies with respect to the community resources and to the structure of the available programs. However, common is the realization that parents must have an opportunity to change, to resolve, or to cope with the stresses which are contributing to their abusive or neglectful behavior.

C. Child Abuse and Neglect and the Community

Since child abuse and neglect are community problems, their resolution requires community support and involvement. The new programs and developments which are forming throughout the country are recognizing this need and are calling on direct program involvement from various community agencies.

1. The Neighborhood Health Center:

   The neighborhood health center is set up to deal with multi-problem families. The staff consists of community people from a variety of agencies.

   One vital component of the center is outreach. The outreach worker travels into the neighborhood and establishes a network of contacts within that area. The services which are provided are nonthreatening, supportive and practical.

The Boston Neighborhood Health Center employs a child abuse/neglect prevention program. The local hospitals work with the center and provide continuous information about the child and the family. As an example, when new babies are born, Health Center staff visit the mother to see if she has sufficient life lines or is having other difficulties with the baby.

Another component of the program is to stay in close contact with families having drug or alcohol abuse problems. Such problems often lead to child abuse or neglect.

In addition the Center is alert to high-risk families such as those who previously abused or neglected their children.

2. Multidisciplinary Diagnostic Teams:

Teams are developing in communities throughout the country. The primary functions of these teams are diagnostic and case management. Groups of professionals spanning many disciplines meet on a regular basis and individually discuss cases. Each contributes to the overall picture so that together they can develop productive case management and a plan.

These teams are often one component of a total treatment function. They not only provide case management directions but they also follow the case and watch the progress. If a suggested service approach proves unsuccessful, the team may alter its plan.

The make-up and function of the team may vary based on the community needs and resources. Some teams consist of few members, others of many; some are based in hospitals, others in community agencies. Some teams spread out their financial needs over the member agencies, but all teams insist on support from the agencies either for direct funds or for employee time.

Film: *Working Together* -- 30 minutes

a. Nonhospital Based Teams--Clayton County, Georgia. The Protective Service Team comprises eight member agencies: social services, mental health, juvenile court, police, schools, public health, community services and hospitals.

   The team is committed to multidisciplinary problem solving. Case decisions are shared among team members. The ultimate goal is to get appropriate services to the client immediately by marshaling community resources.

   The team structure includes an executive committee composed of one member from each agency. This committee sets policy and otherwise organizes activities. The case management component is handled through a larger committee--the Protective Service Task Force, which again represents the eight agencies. This task force meets monthly and invites public participation.

b. Hospital Based Teams--The Family Life Development Center in Boston functions as a team with medical and social service input. A unique feature of the team is the adjunctive family advocacy program. This program assigns an advocate, who represents the family's needs, to the team. Not only does this person represent the family to the team but he also assists the family with concrete services--housing, employment, food and so forth.

   Video Tape: *Dispositional Conference* -- 30 minutes

   Suggested Reading: *The Diagnostic Process and Treatment Programs NCCAN*

In the area of parent treatment there are three significant trends: self-help, parent aides, and parenthood education. Each of these trends uniquely attempts to strengthen the parental function by enhancing the parent's self-esteem and self-confidence.

a. Self-Help--Parents Anonymous is the most dominant self-help group. It describes itself as a "crisis intervention program whose primary objective is to help prevent damaging relationships between parents and their children."

   Parents Anonymous groups offer their members both weekly meetings in which they can share frustrations and supportive telephone contact during times of crisis.

   These groups are usually a separate supplemental service rather than internal components of a total treatment program.

b. Parent Education--Training for parents ranges from Parent Effectiveness Training to teaching child development. Parent education may be a direct component of a program, or it may be indirectly taught through protective service workers, homemakers or parent aides.

Examples:

The Child Abuse Intervention Program of the Visiting Nurse Association trains nurses to provide direct services to abusive or neglectful families. These nurses act as parent aides and homemakers but in so doing they also teach effective parenting.

Georgia State University developed a parental training course entitle "How To Live With Your Children and Have a Life of Your Own . . . One Step Beyond."

The aim of this course is to help parents deal more effectively with problems related to rearing children. The course provides the parent with skills for monitoring their behavior as it relates to children.

The "Exploring Childhood" series produced by the Office of Child Development is a complete training program related to the stages of child development.

In Topeka, Kansas a Child Development Center offers a unique program for parent education. Mothers of new-born infants come to a day treatment program in order to help them learn effective parenting techniques.

This micro-nursery is also available to pre-school children and toddlers of parents who are having trouble with their children.

Filmstrip: *Hurray For Me* -- 15 minutes

3. Lay Support:

Volunteers and lay therapists are trained to supplement specific areas of protective services. These areas include parental aide services, homemaker services and surrogate brothers or sisters to the children.

Because of the multiproblems within abusive and neglectful families, professionals are recognizing the need for more direct and continuous support. Protective services often cannot provide this much attention to one family. The aim for lay support is to provide dysfunctional families with some of the support systems formerly derived within extended family-life situations.

All persons, whether volunteer or paid, who provide lay support, must be trained for their particular roles. In many programs the roles overlap--that is, parent aides also provide homemaker services or homemakers provide surrogate brother/ sister roles for the children.

a. Parent Aides--Parent aides are persons who are trained to serve the needs of the parents. They are "friends to the parent"--or, compassionate persons who provide the parent with support and guidance.

The key component in the parent aide program is to develop a trusting relationship. Even though abusive and neglectful parents are characteristicly defensive, they are also hungry for companionship and support. Aides must be persistent, but with a degree of patience allowing the relationship to develop as naturally as possible.

Training and professional support are important to the program. Many times the aide's personal feelings interfere with the growth of the family. Aides must genuinely understand the stress that a parent feels and must not become overly concerned with the child. Foremost is the parent regardless of how "bad" and unresponsive the parent may seem. This job is quite difficult. There are two methods which are suggested to help aides: One, professionals should meet with the aide as often as necessary to help him/her work through conflicting feelings and two, aides should meet in groups to share frustrations and suggest options.

Video tape -- *Lay Therapists/Parental Aides* --30 minutes

Example:

The SCAN program in Little Rock, Arkansas employs lay therapists as the main part of the treatment program. Initially six therapists were trained.

The primary roles of the lay therapist are to provide intensive support therapy to families with child abuse problems and to link these families with community resources.

Each caseload is from three to five families but initially the therapists may spend as many as 20 hours per week with just one family. The lay therapists must complete a three-day training program. Also, they undergo inservice training from two to four hours weekly. They stay in close contact with the local department of social services.

A unique component of this program is that it grew out of the state social services function. As a result, it operates as an adjunct to traditional protective services.

b. Homemakers--Homemakers are trained to go into the home and to help the parent overcome some basic household or child caring difficulties. They may serve as babysitters in order to allow the parent some time away from the child, or they may relieve crisis situations.

Training for homemakers is of importance to the program. Parents will not respond to the service if the homemaker is not aware of the parental needs. Homemakers must learn the typical dynamics within abusive and neglecting families.

Example:

The Comprehensive Emergency Service program employs homemaker services as part of its overall response to families in crisis.

The homemaker is assigned to emergency cases until the parent is able to resume care of the children. The primary purpose is to keep families intact throughout the emergency situation. The homemaker works closely with the protective services worker. Together they share information in order to determine the best way to meet the family's needs.

The services of the emergency homemaker, who responds immediately and remains in the home until the situation stabilizes, are later supplemented with regular homemaker services. These services include going into the home only during the day in order to provide parent education and support.

The emergency homemaker's average time with a family is from one to six weeks for 24-hour care. Often, two homemakers are assigned to one family.

These homemakers provide the worker with vital information about their observations of the child's and the parent's behavior. They also help ease the child's transition when out-of-home placement is necessary.

c. Big Brother/Sister Roles--Children of abusive or neglectful parents often need attention that their parents cannot provide. Lay support may assume the role of helping the child by loving him, taking him on outings, playing with him and encouraging him to talk about his feelings.

   Since abuse and neglect are frequently cyclical problems, this type of intervention may help prevent these children from repeating abusive or neglectful behavior with their children. The lay support can provide alternative parent models for the child.

   Training for this role may be less intensive than for the parent aide or homemaker, but it is still important. The brother/sister support must not undermine the parent-child relationship. The lay support must assume a new supportive role which the child can identify as separate from that of his parents. Training must include knowledge about how children respond to child abuse or neglect in addition to what triggers an abusive situation. There should also be some child development training. The surrogate brother/sister will need to be acutely aware of the child's needs as those needs relate to the parent. It is a complex role which requires careful professional following.

Example:

An Alabama Multidisciplinary Steering Committee on Child Abuse and Neglect includes the Big Brother/Big Sister service as part of its community approach to help stop abuse and neglect.

The Big Brother/Big Sister provides the abused or neglected child with a "friend" who exposes him to new experiences and games as well as gives him encouragement and love.

The Alabama program also has parent aides who help the parent. These aides are separate from the Big Brother/Sister component of the program.

4. Public Awareness:

Helpful communication may pave the way toward successful interagency services. As a result, many programs have built into their activities a public awareness component. Public support for community programs need good public understanding.

Public awareness may be accomplished by: (1) Speaking to groups within the community, (2) radio and television spots about child abuse and neglect, and (3) informational brochures, pamphlets and posters. Many programs use all of these communication tools while others use fewer.

Suggested Reading: *How to Plan and Carry Out A Successful Public Awareness Program on Child Abuse and Neglect*

Example:

In Minneapolis, Minnesota, a public awareness campaign is used to supplement protective services. The county department of social services developed TV and radio spots aimed at helping the public understand the parents.

Speakers also go out into the community and talk to specific target groups.

Other public awareness activities include conferences, newspaper coverage, and special fund raising projects.

5. Crisis Nurseries:

There are several kinds of crisis nurseries developing. Professionals are realizing the need for parental life support systems and periods of relief. One method for responding to these needs is to create a nursery which will accept children at all hours for many reasons.

Some crisis nurseries are not 24-hour facilities and/or require certain reasons for leaving a child. In these cases, the purpose is defeated, and the nursery may not be suitable for the abusive or neglecting parents.

Logistically, many facilities tie in with local hospitals which operate 24-hours and where nurses may serve as caretakers. Others tie in with children's residential homes.

The main purpose of the crisis nursery is to provide support to the parent during times of crisis or possible crisis. This support is in the form of a refuge from the child--so that, the parent may not hurt the child. Another use of the crisis nursery is as a support to protective services. In an emergency, when a child is removed from a home, the crisis nursery provides a good temporary shelter until more permanent placement is located. With regard to the child, the nursery may serve as a place for good peer contact and support from adults.

Examples:

In St. Louis, Missouri, the Family Resource Center is a hospital-based project with many components including a crisis nursery.

The crisis nursery is a 24-hour facility which includes play therapy for the children and a child development program for the parent.

The Parental Stress Center in Pittsburgh, Pennsylvania provides a crisis nursery and an infant shelter for children removed from parents by the courts.

This nursery is a one-stop center for children 0-1 year old. It provides residential care for the children and family management skills for the parent.

6. Hot Lines:

Another method for providing family support during times of crisis is the hot line or crisis line system. Most hot lines are supplemental to other types of support.

There are some important components for any hot line system. First, they must operate for 24-hours. Second, they must be staffed with sensitive persons who can respond with empathy to the caller. Third, hot line staff should be alert to severe crises in order to recognize when a child's life may be in danger.

Examples:

The Child Abuse Listening Meditation, Inc. in Santa Barbara, California is a 24-hour telephone listening service.

This hot line system is not only a listening resource but also a referral source. The 18 volunteers who staff the hot line are trained in the dynamics of child abuse and how to "listen" to persons when they are in need of help. They frequently go out to the homes to provide a "compassionate ear," when a caller seems to need it. Their main function is to tide the parent over during times of crisis.

In Florida a central hot line for reporting child abuse is operating for the entire state. This statewide telephone system is backed by a public information campaign. As a result, the number of cases reported throughout the state has risen dramatically.

7. Specialized Day Care:

The use of specialized day care services is a new method to prevent child abuse.

The Parents Center in Boston provides an innovative preventive service to families where abuse or severe neglect are suspected.

The parents receive group treatment led by two therapists while the children are supervised during the day. One of the important aspects of the program is to allow parents some emotional relief to discuss their tendencies toward abuse with a worker who has expressed willingness to understand. Another is the use of the supportive day care. By sharing the responsibility for the child with the center, the parent is free of pressure long enough to sit back and examine what is happening in his/her life.

While parents are provided counseling, the child is also allowed an opportunity for relief. The professionals give him support and enable him to divest the sense of hostility which he often experiences in the home. Within the center he may experience healthy parenting. The center accepts children as young as three months in an effort to reach them early enough to fill gaps left by their parents.

MODULE XVII

Developing Parents Anonymous

I. Introduction

A. Procedure

1. Preliminary Reading:

   a. Mother's Day Is Over

   b. Child Neglect: Understanding & Reaching the Parent

   c. Working with Abusive Parents

   d. Parents Anonymous: Chairperson-Sponsor Manual

   e. Parents Anonymous: Chapter Development Manual

2. The time required is one hour and 30 minutes.

3. The training is for large groups (not more than 30) or small groups (not less than eight).

4. The method of training is lecture followed by small group planning followed by information exchange.

B. Process

1. Present the content area (30 minutes).

2. Show one film and play one tape. Select either combination:

   a. Film -- *Child Abuse Cradle of Violence*
   Tape -- *Who Are Child Abusers*

   b. Filmstrip -- *Theft of Childhood*
   Tape -- *Help for Parents in Crisis*

3. Divide into four task oriented groups:

    a. Sponsor
    b. Setting and Auxillary Services
    c. Publicity
    d. Training.

4. Each subgroup will assign duties for completing the task objectives as outlined in the content area. Time schedules for completion will be included (15 minutes).

5. The large group will reconvene and select one member to function as a Parents Anonymous Development Coordinator.

6. Each subgroup will present its list of duties and time sequences. These will be recorded and developed into a management plan (15 minutes).

II. Content

A. Role of Self-Help Groups

By definition self-help groups are voluntary associations among persons who share common needs or problems and who seek group support to deal with these needs. The definition implies two things: (1) Group members seek help for a problem or a need that they recognize and (2) Group members are committed to the continued existence of the group.

Two functions of self-help groups are important to the service provision function but are often omitted because of time limitations. These functions are support and advocacy. The former includes satisfying the need for human interaction, which is immediately available--at all hours for potentially long time periods, and which focuses not on basic change but on sustaining the ability to cope with difficult situations. The latter includes speaking out when necessary on behalf of the group in an attempt to change the social condemnation of the common problem and, subsequently, the members.

Self-help groups are difficult to categorize because of their variant structures. The groups differ both horizontally (chapters within Parents

Anonymous) and vertically (Parents Anonymous as opposed to Alcoholic Anonymous). These differences are based on the individual needs within each group.

One basic way that Parent's Anonymous chapters have adapted to the unique needs of their members is the group's heavy reliance on the professional sponsors. Unlike other self-help groups, the sponsor is a very dominant and often a controlling influence on the chapter.

These parents need gentle persuasion coupled with concrete services--transportation and child care--in order to encourage their participation.

In view of the differences among groups, based on their individual needs, there are operating some common processes:

1. Extended group reinforcement.--It appears that peer approval is much more effective than therapeutic reinforcement within the dyadic relationship.

2. Support in the use of self-control behaviors.--This includes training members to monitor or spot high-risk situations which might trigger the behavior.

3. Modeling methods to cope with stress.--The members often accomplish this modeling process by sharing their experiences and frustrations.

4. Agenda for changing the social environment.--The group suggests to members specific methods for changing their social environment. This process increases the member's realization that their behavior may not be strictly the result of their deficiencies but also related to external forces.

B. Some Common Functions of Self-Help Groups

1. The group stresses a reduction of the symptoms leading to behavior rather than a transformation of the person.

2. The group provides members with a rationale for their problems with some hope for change.

3. Members provide each other with concrete information and advice. For example, Parents Anonymous groups often share information about child development and advice about coping with children.

4. Members provide each other with a broad range of alternative courses of action to solve their problems.

5. The discussions give the members more rational criteria for discerning the events in their lives which may lead to the behavior.

6. The group strengthens its members' attitudes about themselves and their behavior.

7. Group sharing helps reduce the members' sense of isolation or uniqueness.

Suggested Reading: *Journal of Applied Behavioral Science*
Self-Help Groups

C. Professionals who work with abusive or neglectful parents in a self-help atmosphere must be keenly aware of the parental needs and stresses. These parents need not have hurt their children, but they are people with problems. They cannot deal with the every day stress of parenthood, and they are seeking help.

D. The goal of Parents Anonymous is to offer an alternative treatment approach for parents with problems. Traditional therapy has not always proven effective because of the parent's high dependency and low motivation. Parents Anonymous assumes a supportive and almost nurturing role for the parent in an atmosphere of sharing and cooperation.

According to an evaluation of the effects of Parents Anonymous, the program influences participant's attitudes, knowledge and behavior and develops a high level of client satisfaction.

The evaluation project indicated the following:

1. 80 percent of participants are female with a mean age of 29 years;
2. The average income level is $10,000 with 45 percent of the participants above that level;
3. The mean education level is 12 years with 25 percent having some college;
4. The time involved in Parents Anonymous significantly affected the participant's satisfaction. Eighty-seven to ninety percent of those involved one year or more indicated a positive response.
5. The participant's improvement with the child abuse problem was perceived as positive and a great deal by 50 percent of the respondents.
6. The participant's perception of themselves was positively related to time in Parents Anonymous.
7. The participant's measure of isolation was significantly related to time involved with Parents Anonymous.
8. The participant's views about parenthood were positively related by a mean score of 47 out of 60 sampled.
9. The participant's expectations about their children had a significantly positive effect over time in the program.

Suggested Reading: "An Overview of the Parents Anonymous Self-Help for Child Abusing Parents Project Evaluation Study for 1974-76." Behavior Associates.

E. The law requires that all cases of suspected child abuse and neglect be reported to the locally mandated agency which handles protective services.

Parents Anonymous members are also required to report cases when abuse is suspected. A protective service worker, who stays in close touch with PA, can ease the reporting requirement by allowing parents to get help from the group. Workers should carefully weigh the recommendations of the sponsor and chairperson.

F. Parents Anonymous chapters provide a supplemental service to the overall protective service function.

How the program can facilitate protective services is illustrated:

1. Chapters offer an alternative treatment referral;

2. Since chapters are less threatening than traditional mental health settings, they are more readily accepted by the parents;

3. Parental involvement may increase the likelihood for keeping the family together and decrease the necessity for temporary or permanent child placement;

4. Chairpersons and sponsors may recommend treatment and service delivery plans to assist case management decisions; and

5. Chapters are ongoing and may provide protective service workers with regular progress reports.

G. Beginning a Chapter

1. Locate a Sponsor.--The person should be qualified to support group members. These qualifications include experience with group therapy and with the psychodynamics related to child abuse and other disorders.

The sponsor need not be a psychiatrist but he/she must be someone who can identify psychosis, neurosis or severe character disorders so that such persons may be referred for more intense treatment.

Responsibilities of the sponsor include:

a. Support the chairperson and give him/her guidance and encouragement;

b. Meet with the group weekly--2 1/2 hours per meeting;

c. Be available between meetings for crisis telephone calls from the chairperson or from other members;

d. Lead the group when the chairperson is experiencing personal difficulties;

e. Set limits for the chairperson when working with difficult parents and advise him/her when referral is necessary; and

f. Facilitate smooth group functioning in a nonobtrusive manner.

There are several methods recommended for finding a sponsor: (1) Call local mental health agencies and talk with the personnel; (2) Put an ad in the local papers; and (3) Post bulletins on college campuses.

2. Locate a Meeting Site.--Churches or schools are the most appropriate locations. Find a place which is accessible, well-lighted and non-threatening. The meeting place must be permanent and should not require rent.

Recommended procedure:

a. Call the staff of a church or school;

b. Indicate the function activities--dates and times;

c. Secure a written agreement by letter or contract for weekly use of the facility on the time and date specified; and

d. Request space for both child care and the group meeting.

3. Auxillary Services.--Often child care or transportation services must be provided in order to allow parents to attend meetings. Woman's clubs or other civic groups may be willing and anxious to provide these services. Ideally, more than one club will share and alternate responsibility.

   Child care should be centralized in one place within the facility where the group meeting is occurring.

4. Developing Membership.--The best method for developing membership is through self-referral. Publicity is a key ingredient to encourage self-referral; people are reluctant to respond unless they know something about the group. Create radio, television and newspaper announcements including a central telephone number and the meeting time and place. The announcements should be nonthreatening and should use terminology that does not suggest child abuse and neglect.

   Suggested Reading: *Parents Anonymous: Chapter Development Manual*

   Another method for developing group membership is through agency referral. The sponsor should visit community resources (mental health centers, marriage counselors, local psychiatrists, psychologists, and social workers) and explain the purpose and function of Parents Anonymous to encourage referral.

   A third method is through speaking engagements. The sponsor should go to community groups and discuss the purpose and goals of the chapter. Some group contacts may result in self-referral. Always leave a name and telephone number.

5. Identify the Chairperson.--Once the membership has formed and is taking place, one person may be identified as someone who is taking the lead and setting an example for other members. This person should be approached as a possible chairperson.

The chairperson must be someone who is stable and who has dealt with his or her abuse problem. He must have shown compassion and understanding while interacting with other group members.

Responsibilities of the Chairperson are to:

a. Serve as the active group leader--give the group support and practical advice;

b. Serve as a parent model for the members--sometimes encourages and other times disciplines;

c. Help force feelings into the open and reinforces the way parents respond to each other;

d. Be the active liaison to the regional and national Parents Anonymous offices; and

e. Encourage entry and termination to and from the group.

H. Training

Sponsors are essential links to the overall functioning of the chapter. Without adequate knowledge and skills, the sponsor may be unable to keep the group intact. Although the sponsor may be professionally attuned to character disorders, he/she may have little or no knowledge about the psychodynamics of child abusing or neglectful parents. Such knowledge is often omitted from professional education or training.

1. Components of training:

   a. Parental perceptions--of self, of child, of spouse.

   b. Child rearing inadequacies--perceived and real. Most parents need more knowledge about child development in order to formulate realistic parenting expectations. This training should be built into the group interaction.

c. Parental background--early childhood deprivations. According to recent evaluation findings, 77 percent of the parents were verbally abused children; 53 percent were physically abused and 43 percent were emotionally abused.

d. Isolation patterns--of parents and the dynamics for forcing them to interact.

e. Immaturity and dependency tendencies--The sponsor must be alert to these tendencies and discourage excessive dependency on the group. Methods for channeling dependency and becoming more self-sufficient should be taught.

2. Suggested Training Material:

a. Books:

(1) *Working with the Abusive Family*
(2) *Parents Anonymous: Chairperson-Sponsor Manual*

b. Audio-Visual:

(1) *Child Abuse: Cradle of Violence*
(2) *Theft of Childhood*

c. Tapes:

(1) 'Help for Parents in Crisis"
(2) "Who Are Child Abusers?"

MODULE XIII

Supervision

"It is the supervisor's task to rescue from oblivion the contribution of the caseworker." -- Sidney S. Eisenberg

I. Introduction

A. Procedure

1. Preliminary Reading:

    a. "Differential Supervision," Kenneth W. Watson, Social Work, November, 1973.

    b. "Peer Group Supervision," Ruth Fizdale, Social Caseworker, October, 1958.

    c. Differential Use of Manpower: A Team Model for Foster Care, Child Welfare League of America, Inc., 1968.

    d. "The Use of Authority in Supervision," Bernice Orchard, Public Welfare, January, 1965.

2. The time required is about 2 hours and 30 minutes.

3. The training is for large groups (not more than 20) or small groups (not less than 8).

4. The method of training is lecture followed by group activities and discussion.

B. Process

1. Present the content area and discuss (one hour and 10 minutes).

2. Group Activity (one hour and 5 minutes):

   a. Large groups might be divided into 2 sectors with 2 trainers. Each member of the group is asked to identify and write down 2 to 4 supervisor/supervisee situations that he finds stressful. He should identify who is involved and from his viewpoint, what causes the stress (10 minutes).

   b. The trainer records these on a board. Similar problems can be grouped. The problems are first ranked individually and then give a group ranking by majority (15 minutes).

   c. Each member is asked to note the top 3 stressful situations and list at least 2 techniques to deal with and/or reduce the stress while accomplishing the supervisory task (15 minutes).

   d. The trainer records these with the stressful situation. Similar techniques can be grouped (10 minutes).

   e. The group is divided into triads. Each triad selects a stressful situation from top ranked list. Triad members select roles as supervisor, supervisee, and observer. Members role play the situation using a selected technique. Role play should last 2 and 1/2 to 3 minutes. Roles are reversed until each member has played each role (10 minutes).

   f. The group reconvenes to discuss the exercise (20 minutes).

II. Content

A. Focus

In supervision, the focus should be on the supervisee rather than the client. The supervisory process should enhance the performance of the worker. Care should be taken to insure that while the focus is on the supervisee, supervisory sessions are not designed to discover and treat "flaws" in the supervisee's personality. It should not be implied that, because his work is not adequate in some areas, the supervisee is an inadequate person. Mistakes or inappropriate actions should be learning experiences and not traced to deficiencies in the supervisee's personality.

Supervision should be supportive but not constrictive or amorphous. Constrictive supervision does not allow the supervisee control in decision making. The supervisee is denied the opportunity to develop his own style, ideas, or procedures. Instead, he becomes an extension of the supervisor's skills which may not fit him. Amorphous supervision is too little supervision. It is vague, does not clarify expectations, and does not help with solutions. Supervisees are thrown into areas of major responsibility before skills are developed. They may feel singularly responsible for a client's welfare.

Social work is stressful. Proper supervisory programs tailored to meet varying needs can help to alleviate stress.

Suggested Reading:

1. "Games Supervisors Play," Lillian Hawthorne, Social Work, May, 1975.

2. "Objectionable Supervisory Styles: Students' Views," Aaron Rosenblatt and John E. Mayer, Social Work, May, 1975.

B. Major Functions of Supervision

The major functions of supervision can be divided into 3 categories--administrating, educating, and enabling. These functions should blend to enable the worker to deliver maximum program benefits to the client. At the same time, supervision should be enabling the worker to experience job growth and satisfaction.

1. Administrating--Basically, this function creates an atmosphere for carrying out the service programs offered by the agency. This function includes:

a. Seeing that agency policies and procedures are carried out while delivering program services;

b. Accountability for standards and schedules;

c. Controlling work pressures on supervisees;

d. Communication and interpretation of policies;

e. Communication linkages in both directions--agency to worker, worker to agency;

f. Evaluating the performance of the worker;

g. Making proper use of worker's skills; and

h. Seeing that the agency utilizes each worker's experiences.

2. Educating--The educating function should include:

   a. Understanding the goals, policy, programs, and philosophy of the agency;

   b. Develop professional knowledge, skills, and techniques;

   c. Develop understanding of social, cultural, developmental, psychological and economic factors that influence people's behavior;

   d. Self-awareness feelings and prejudices that influence his work;

   e. Applying and carrying over knowledge;

   f. Knowledge and use of available agency and community resources; and

   g. Recognizing and pointing out patterns in supervisee's decision making.

3. Enabling--The enabling function is based on knowing your role as supervisor and knowing the role of the supervisee. It is making use of

these roles in a way that is mutually beneficial. The enabling function should include the components of:

a. Trust that, given the proper supervisory support, the supervisee can perform his role;

b. Assurance that the supervisee has the knowledge to do the work assigned him;

c. Assist the supervisee to retrieve himself from faulty decisions; and

d. Know and respect the worker's area of autonomy--the area of autonomy is a clearly defined area bordered on 4 sides by:

    (1) administrative policy;
    (2) job description;
    (3) supervisory competence; and
    (4) worker's skill.

    Within this area the worker should be able to make decisions with supervisory support expected. All boundaries are flexible with 3 and 4 constantly expanding. Within this framework, the supervisor should:

    (1) propose alternatives while leaving the final decision to the worker (exception would be made only if decisions would be harmful to the client);

    (2) point out patterns in decision making;

    (3) challenge the worker to push out the skill boundaries; and

    (4) help the worker retrieve himself from wrong decisions.

Discussion: What are some of the tools, techniques, etc. available to the supervisor to assist in each of the above mentioned functions (i.e. case control devices, workshops, brain storming sessions, etc.)?

III. Supervisory Techniques

A. The Supervisory Encounter

Good relationships in the supervisory encounter develop improved morale, staff participation, and client/worker relationships. Supervisory encounters need to be planned and the time held sacred. All participants should prepare for the encounter.

Unplanned or emergency encounters are necessary but should be held to a minimum. This type of encounter leads to supervision and case management by crisis.

Both supervisor and supervisee bring to each encounter:

1. Life experiences and individual perceptions;
2. Theoretical knowledge;
3. Immediate observations; and
4. Work experiences.

B. Techniques

1. Move the focus from the client to the worker.
2. Help to conceptualize behavior by moving from the particular to the general and back again.
3. In the area of autonomy, keep the decision with the worker.
4. Communicate your opinion, but allow for disagreement.
5. Build from experiences by making bridges from the known to the unknown.
6. Avoid giving the worker solutions.
7. Ask questions to obtain information, not when you already know the answers.
8. Partialize to help set priorities.

9. Minimize polarization by seeking areas of agreement first. Confrontations should be planned to force issues to the surface and used sparingly.

10. Identify what the encounter is to be about, and summarize in a few statements.

IV. Supervisory Systems

A. Need for Alternatives

No one supervisory system is able to meet the needs of all workers. No one system will offer professional growth to all workers. Alternative systems should be selected on the basis of meeting agency and supervisee's needs.

B. Alternatives

The following supervisory systems, suggested by Kenneth W. Watson (see below), could be used in combinations to meet the supervisory needs of workers. Listed with each are the components of the system.

1. Tutorial:

   a. Membership--supervisor/supervisee, one to one;

   b. Scheduling of contacts--regular and frequent;

   c. Responsibility for content discussed in contacts--shared;

   d. Decision making--shared, some responsibility shifted toward supervisor;

   e. Teaching responsibility--weighted toward supervisor;

   f. Accountability--supervisee directly to supervisor;

   g. Evaluation--shared somewhat but skewed toward supervisor;

h. *Tied to the rest of agency*--by supervisor; and

i. *Remarks*--best used with inexperienced workers. Biggest problem is the dependent or hostile dependent relationship established.

2. Case Consultation:

a. *Membership*--consultant/consultee one to one, can be in presence of others as a learning device;

b. *Scheduling of contacts*--as needed;

c. *Responsibility for content discussed in contacts*--worker responsible for case selection and sharing of information;

d. *Decision making*--the worker;

e. *Teaching responsibility*--heavily with consultant but some learning for all;

f. *Accountability*--not the role of a consultant, additional person must be appointed for this role;

g. *Evaluation*--shared somewhat but skewed toward supervisor;

h. *Tied to the rest of agency*--by supervisor; and

i. *Remarks*--workers should be free to use outside sources and different agency sources as consultants. Works well with experienced workers.

3. Supervisory Group:

a. *Membership*--one supervisor/group of supervisees not too diverse in job knowledge;

b. *Scheduling of contacts*--regular;

c. Responsibility for content discussed in contacts--decided by supervisor, supervisee might suggest topics;

d. Decision making--each worker makes own decisions;

e. Teaching responsibility--heavily skewed toward supervisor;

f. Accountability--each to the supervisor;

g. Evaluation--supervisor or a one-to-one basis;

h. Tied to the rest of agency--by supervisor; and

i. Remarks--works best with new workers or new area. Extension of tutorial model to group. Some source dependency problems remain.

4. Peer-Group Supervision:

   a. Membership--no designated supervisor, all members equal, need common levels of competence, convenor should be selected;

   b. Scheduling of contacts--regular;

   c. Responsibility for content discussed in contacts--mutual decision, convenor moderates sessions;

   d. Decision making--each worker makes own decisions;

   e. Teaching responsibility--no formal teaching, learning a by-product;

   f. Accountability--an administrative person must be assigned for this;

   g. Evaluation--supervisor on a one-to-one basis;

h. Tied to the rest of agency--through the group convenor; and

i. Remarks--works best with experienced workers. Success depends on desire to advance skills and respect for each other's professional integrity. Offers good opportunity to increase self esteem.

5. Tandem:

a. Membership--two workers who see each other as peers, no designated supervisor;

b. Scheduling of contacts--as needed, intermittent not episodic;

c. Responsibility for content discussed in contacts--decided by members, focused on case, range of decision not limited to one case;

d. Decision making--person assigned to case;

e. Teaching responsibility--a by-product;

f. Accountability--an administrative person must be assigned for this;

g. Evaluation--supervisor on a one-to-one basis;

h. Tied to the rest of agency--through the group convenor; and

i. Remarks--workers must be experienced and compatable. Formal supervision in minimal but available upon request.

6. The Team--Might really be a service delivery system

a. Membership--workers with a variety of experience, skills, and knowledge, rotation of team leader;

b. Scheduling of contacts--regular basis;

c. Responsibility for content discussed in contacts--proposed by members in advance;

d. Decision making--the team responsibility; case plan decided by team and carried out by members;

e. Teaching responsibility--individual responsibility, draw upon others;

f. Accountability--divided, team leader sees that tasks are performed, assigned administrator sees that policies are maintained and standards met;

g. Evaluation--jointly, tasks by team leader, other by administrator;

h. Tied to the rest of agency--through team leader; and

i. Remarks--most complicated. Can react quickly with more manpower in crisis. Team able to handle more cases. Cases move quicker. One problem is too much "teaminess."

NOTE: The above supervisory systems were taken from "Differential Supervision," Kenneth W. Watson, Social Work, November, 1973. For a better understanding read this article and the other article by Mr. Watson, "Differential Use of Manpower," in the recommended reading list. Much of the above material was taken from Mr. Watson's articles.